Introductory Lecture

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MR. PRESIDENT, LADIES AND GENTLEMEN, AND ESPECIALLY YOU, GENTLEMEN, THE STUDENTS OF THIS SCHOOL,—We are this evening assembled to inaugurate a new medical session—to commemorate, as it were, the birthday of our science. These annual *réunions* are, indeed, often regarded as mere matters of form, demanded by custom, but intrinsically valueless. I cannot, however, in any degree accede to this view; and sorry should I be that our incipient students should enter upon the cultivation of so divine a science as that of Medicine with the feeling that aught connected with it can be trite or commonplace. Medicine is not what the general public (who, unhappily for themselves, know so little of the true scope and bearing of our profession) conceive it to be—the bare observation of disease and the application of remedies. On the contrary, it embraces a whole circle of the most deeply interesting sciences, of which it is the very sum and substance. Chemistry, physics, natural history, botany, and zoology are the subsidiary but essential sciences on which the philosophic cultivation of Medicine reposes; and if to these be added, as more immediately related to actual practice, anatomy and physiology, you will form a more just appreciation of the subject-matter of your pursuits. This enumeration, comprehensive as it is, is far, however, from exhausting the list, for you will perceive, after a little reflection, that there are many other branches of inquiry which must engage the attention of him who aspires to be a scientific and successful practitioner. Mental philosophy, for example, is evidently involved in the management, not only of derangements of the intellect, but of a multitude of bodily affections, in which the physician who excludes from his view the mental constitution of his patient will often fail in his treatment. Again, how many questions are involved in hygiene and preventive medicine!—a department in itself demanding almost undivided attention, and yet indispensable in daily practice. This enumeration, brief as it is, of the various branches of research which the student has to cultivate, will probably cause some apprehension, particularly in those who now are first entering on the scientific part of their profession. But let me assure all such by affirming, what experience has amply proved, that considering the time now allotted to medical education, no young man of ordinary abilities, if seconded by resolute industry, need despair of sufficiently mastering the various subjects which will engage his attention. I do not pretend to affirm that three years will enable a student to acquire a profound acquaintance with so many branches of science; this is the work, and more than the work, of a whole life, and happy are ye that thus it is. To say that a man has a never-ending source of true and elevated thought; that he may retain to the latest hour, and in the midst of the decay of the corruptible body, the first enjoyment of his mental—that is, his real—existence, by the observation of the most perfect works of God in creation, is to affirm that he has within his reach a perennial fountain of happiness, which, like the still more blessed peace proclaimed by the Gospel, "the world can neither give nor take away."

As I have incidentally touched upon this point, it will not be unprofitable if I endeavour briefly to point out the frame of mind best adapted to the study of a profession involving so wide a range of inquiry. It is a very common error, and especially amongst young men, talented, perhaps, but too mobile and inconstant, to mistake the means of attaining excellence. They fancy that this, the great goal of their ambition, is to be taken, as it were, by assault by some great intellectual feat rather than by the humbler approaches of plodding industry; and with an enthusiasm natural to youth, and, let us with joy admit, without which nothing great can be accomplished, they recall the example of those gifted men, who, inspired by genius, have rendered their names illustrious. In tracing the progress of that branch of natural science which more individually concerns us, I cannot, however, recall an individual amongst any of the great pioneers of knowledge who was not pre-eminently distinguished by enduring application and mental labour, the capacity for which is one of the special characteristics of the most exalted intellect. In no instance is this more marked than in the immortal Harvey, who, in his assaults on the sophisms and errors of that ancient philosophy in the subversion of which he was a main instrument, again and again inculcates the necessity of direct observation, and of pursuing nature through the devious, but most assured paths, as being "the more excellent way" for reaching the citadel of truth, adding these all-instructive words, that "without the due admonition of the senses, frequent observation, and reiterated experiment, the mind goes astray after phantoms and appearances." Again, if we turn our regards to that other illustrious soul, the true founder of scientific zoology and of philosophic surgery—if we consider Hunter—if, as every student is bound by his allegiance to do, we make oft and again the pilgrimage to his Museum, the richest in the world, as presenting the very archetype of every class of organs existing in the animal kingdom, the mind is lost in amazement. How was this inexhaustible storehouse created? By labour—by the most painstaking observation—by an industry that knew no pause. The late highly-esteemed Mr. Clift, who resided with Hunter, and whose wonder was excited by this marvellous application, used to relate, that however late he retired to rest, he left Hunter with his lamp trimmed at his work, and that however early he arose, he found himself anticipated by this giant delighting to run his course. And so it was with Haller, whose works abound with the most minute details as well as with the widest generalizations, but of which one proof alone must suffice—his elaborate account of the vasa lutea of the chick, which he observed during the whole period of incubation, as Aristotle and Harvey had done before him, not only from day to day, but from hour to hour. Thus, also, it was with Cuvier; so now it is with Owen, and so rest assured it will be to the end of time.

These remarks, which I have ventured to submit as a beacon to the talented, may also serve to encourage those less endowed, by showing that excellence, varying doubtless in degree, is placed by the operation of a natural law of our intellectual nature within the reach of all who hear me. You will not, of course, suppose that in insisting on the necessity of thus observing and appealing to nature, I would exclude a careful study of the labours of our great predecessors, or encourage a neglect of the records of our science. On the contrary, a considerable portion of your time must be devoted to the thoughtful perusal of the volumes in which are collected for our instruction the accumulated treasures of ages. But in this respect, and especially in the present day, when manuals and handbooks on every conceivable subject abound, it is very essential for the conscientious and real student that he should in his readings constantly ascend to the fountain-head—to the writings of the original observers. Fully admitting the utility of good compilations, and willingly testifying to the excellence of many now current, still I must remark that he who desires thoroughly to master any subject must patiently peruse, page after page, the original treatise, weighing the value of all the facts recorded, and rightly appreciating the conclusions to which they lead; he will thus, by pursuing the identical pathway followed by the author himself, and in virtue of a fundamental law of the human intellect, make the knowledge, whatever it may be, his own; whilst a mere summary of results that may be conned over in half an hour will leave no more durable impression upon the mind than the transient figures traced in sport by children on the sea-shore sand, destined to be obliterated by the next returning tide. It is thus that the student derives such lasting knowledge from such works as those of Hunter on the Blood, Charles Bell on the Nervous System, or Travers on Constitutional Irritation.

With these preliminary observations I proceed to what are the more immediate objects of this address, premising that in the time to which it is limited all detail is necessarily excluded, and that nothing but the most general facts, principles, and indications can be given. It is very probable that in these remarks you will detect some tinge of my own more special pursuits. But as the present is the last occasion on which I

shall address you in the capacity of teacher, I am anxious to submit some remarks on the fundamental nature of organized bodies, and the forces acting on them; feeling assured that, even with respect to those who are commencing their studies, I shall best consult their ultimate advantage if I can succeed in conveying to them some right and clear conceptions as to the essential character of that living mechanism, the disturbance of which it is the one object of Medicine to prevent, if that be possible—to rectify, if it has actually occurred.

Such an inquiry will, moreover, not be misplaced, since even in the present day the prevailing notions concerning the nature of those forces upon which life and organization depend, are, as it seems to me, fundamentally erroneous. But, *in limine*, I must beg you plainly to understand, that what I am about to submit to your judgment, has reference solely to the phenomena of the mere organic and animal life—to the actions of the body alone—to that life which man shares in common with a cabbage and a worm; that it has no relation whatever to the conscious existence, and still less to the spiritual—to the soul, which, as we are taught by the Word of God himself, and, only in a less degree, by the researches of all science, rightly interpreted, is an entity perfect in itself, and distinct from that earthly tabernacle in which it is now imprisoned; that, in fine, the body "is formed of the dust of the ground, into which the Lord God breathed the breath of life, when man became a living soul." With this all-essential restriction, I conceive it may be affirmed, in strict keeping with inductive philosophy, that as the living body is admittedly composed of the common elements of matter; that as these elements are in most organic substances known to be combined in strict accordance with the laws of chemical affinity; that, as in a multitude of instances, to which the exact science of the present day is continually adding, it is recognised by all, that the actions of the living body are either chemical or physical in their character; so, in reality, is it formed by the operation of physical forces, and that all the so-called vital actions are as essentially dependent upon these same powers. Views like these—as many now present well know—have, at various epochs, been enunciated with greater or less precision, but nothing has been firmly established; whilst, on the other hand, volumes have been written to prove that the phenomena of living bodies are altogether peculiar, and depending on forces to which there is nothing analogous in common matter. Even in the case of those processes which obviously are closely allied to chemical and physical phenomena, physiologists spoke of them as altogether peculiar and vital. Hence so many of those terms—such as animal heat, vital elasticity, the chemistry of life, and so forth—which, violating in themselves the sublime unity displayed in the primary forces of Nature, were coined with the express object of teaching that the living actions were altogether *sui generis*. It is true that no very clear ideas were attached to such expressions, for the sufficient reason that they were, as we can now perceive, entirely fallacious; but whilst they prevailed, they involved many of the prime questions of physiology in the same hopeless obscurity as would be caused in astronomy if it were admitted that there were two distinct kinds of attraction, or two laws of gravitation.

In considering this question, we must recollect that only the most universal principles are concerned; whereas, as it seems to me, many of the prevailing opinions have reference merely to secondary properties and phenomena which have no significance to the natural philosopher or the physiologist. Form, magnitude, colour, and like sensible qualities, are all subordinate points; indeed, one of the very first lessons the student has to learn is to discipline his senses, which by themselves are liable constantly to mislead, since in Nature the obvious is rarely the true. Who by any sensuous observation could ascertain that the ultimate particles of matter, which are infinitely minute, never actually touch each other even in the densest substances, as a mass of flint, or a plate of polished steel; nay, that no amount of force can compel them to come into contact, since all bodies, even water, are compressible; that the ultimate particles are thus free to move amongst themselves in the most solid bodies, and may, even do, incessantly, like the earth itself, as De la Rive infers in his theory of electricity. Similar illustrations abound in organic bodies: thus the blood may be scarlet, as in the vertebrata, or colourless, as in the numberless tribes of invertebrate animals, insects, mollusca, and so forth; but it is essentially the same fluid. And so the breast-bone may have a narrow, projecting keel, as in birds, or be flat and expanded, as in the chelonia, and yet present exactly the same typical parts in both. And so in the case of the forces implicated respectively in organic and organized bodies, it may, in the present state of knowledge, be very difficult to demonstrate their ultimate identity. Nor need this be a matter of surprise when we recollect how very recently the intimate relations of the several physical forces themselves have been discovered by such researches as those of Oersted, Faraday, and Graham. Chemical force, electricity, magnetism, caloric, and light act and react on each other in the mode signified by the term correlation, and are probably, as many profound philosophers suppose, only different manifestations of one universal, all-pervading force. To proceed to the organic forces, such as the nervous and the muscular. We perceive a current of the former passing through the motor nerve, crossing the sarcous matter at right angles,—as the latest as well as earlier observations prove,—like the electric and magnetic currents moving in the direction of the equator and poles of the earth, and thereby evoking the muscular force; whilst, again, there passes out of the living muscle a force which, as in the experiments of Matteucci, excites the nervous force. We know further, from the same penetrating observer, that this muscular current, carried along the coils of the galvanometer, induces the same kind of deflection of the magnetic needle as electricity. It is, moreover, most remarkable and instructive, as my lamented friend, Dr. Todd, pointed out, that although this muscular current is thus so closely allied to electricity, it is so far distinguished from it that it is arrested by conductors (as when a thin film of gold is wrapped round the living muscle), whilst it readily traverses non-conductors—phenomena the very counterpart of what Professor Müller pointed out years ago in regard to the nervous and electric forces. Now although this may seem to indicate an ultimate and essential difference between the electric and muscular currents, it presents the very same condition of things as that expressed by the term "correlation of forces." The mere fact of the existence of differences in physical and vital forces is not, therefore, in itself sufficient to demonstrate that there is a primary essential distinction between them; and this truth being recognised and kept in view, we shall be in a better position to weigh the existing opinions on this question. In the case of animals, the error which almost universally prevails, and is, I believe, more misleading than any other, is the idea that their actions exhibit such marks of intelligence, and are so exquisitely adapted to insure the designed end, that they cannot be referred to the operation of physical forces. To show that this is no mere allegation on my part, it is not necessary to go back to the ancient hypotheses—to the Anima of Stahl, or to the Archæus of Van Helmont; it will suffice to refer to the views of modern physicians and surgeons. Thus an author most justly esteemed, the late Dr. Prout, seeing in every part of the animal economy unequivocal marks of the adaptation of means to ends, infers that in the various parts of every organic body there exist intelligent agents, "superior to, and capable of controlling and directing, the forces operating in inorganic matter," and thereby effecting the vital phenomena. And so in respect to pathology. I remember conversing with a very eminent surgeon who, whilst admitting the existence of the endosmotic force of Dutrochet, urged that no such mere physical power could account for the separation of a mortified part from the living body, such as the detachment of a sequestrum in a diseased bone, because this process gave evidence of perfect design. These erroneous opinions still prevailing amongst so many medical men renders it necessary for the student always to keep in view the truth, recognised by the great teachers of physical science—that the whole of nature is full of design, and of intelligent actions produced by agents in themselves unintelligent. What, in fact, in its widest acceptation, is *law*, but the operation of the Divine will so controlling the forces of the universe as to produce a preordained, specific, and intelligible result? No writer that I know has set forth this great principle more forcibly than our great exemplar Harvey, who, contending against the very error we have indicated, is at pains to show that the common elements of matter and the forces connected with them—air, water, fire, the ocean, the very winds which waft navies to either India, nay, even round the globe, and often by opposite courses—are, as he eloquently expresses it, "subservient to the will of the supreme, intelligent, and eternal God;" thereby surpassing their own powers, producing that exquisite order, harmony, and design, which are evinced as plainly in the globe we inhabit as in the most elaborate and perfect animal. To pursue and illustrate this great argument, we may ask, Why are the lofty Andes placed on the extreme western verge of South America, if their position be not in foreseen and strict relation to the direction of the trade winds, those great water-carriers, by which this continent is fertilized? Had this range of mountains been placed on the eastern border, they would have intercepted,

as by a wall, the aqueous vapour borne from the Atlantic, and the vast forests and valleys now watered by the largest of all rivers—the Maranon,—and redundant with vegetable and animal life, would have been converted into one arid, burning plain, identical with the rainless region of Peru, where, a second kind of Sahara being produced, the llama, the representative of the camel in the New World, and a few other animals find a scanty but yet to them sufficient existence. One other instance may be permitted, since it is more individually connected with physiology—the rapid ascension into the highest strata of the atmosphere of the heavy carbonic acid generated by respiration, combustion, and putrefaction: a phenomenon in which one physical power—diffusion, overcomes another—gravitation; both being but modifications of one force—attraction; with the obvious intention of removing a poisonous gas from the immediate surface of the earth, which, if left alone to the power of ordinary attraction, would have rendered animal existence impossible.

Another, and, as it still seems to be, an erroneous argument in support of special vital forces is, that organic matters are altogether peculiar in their chemical constitution, attributable to what is often termed the chemistry of life, and that nothing like them is found in inorganic matter. In answer to this, it may be remarked that every compound body in nature has its peculiar constitution according to the part it has to play: there is thus one fixed composition for carbonic acid, another for carbonic oxide, and so with all others. The fact that fibrin, albumen, bone, shell, &c., have a peculiar and, as it is alleged, an inimitable composition, is not the real point, but rather the question whether this constitution is the result of ordinary chemical and physical forces, acting, no doubt, in a very intricate manner, inasmuch as the elementary substances to be combined together and the forms to be produced are so very numerous. I have myself for several years been satisfied, and have so explained the matter in my lectures, that if the exact chemical constitution of any organic substance, however complex, were known, and if we could present the component elements to each other precisely in the right order and manner, we could form muscle, neurine, or bone. I need hardly mention within these walls that my esteemed friend, Mr. Rainey, has solved this problem in the case of bone and shell by a series of experiments and arguments as perfect and beautiful as any in the whole range of physiology. To those who have the deep conviction that in the great processes of nature there is a sublime and inflexible unity, these researches will afford an all-sufficient proof that in like manner every organic compound is the result of the common forces of matter, acting, as in the laboratory, in strict accordance with physical laws.

The difference of *form* displayed in mineral when contrasted with organized bodies—the former being characterized by straight lines and angles, as seen in crystallization, whilst the latter are curved and rounded—is another of the assumed distinctive and essential characteristics. But this question of form is, as I have already submitted, secondary, not primary; but, even if it were otherwise, the question is not as to the existence of such a difference, but by what kind of force, physical or vital, it is brought about. In this, as in so many other instances, the experiments of Mr. Rainey furnish the reply, since he has shown that, whilst phosphate of lime in his solution by itself assumes the crystalline form, the addition of a small quantity of the carbonate of lime causes it to take on the globular shape, thus presenting that configuration which is held to be the special attribute of organic bodies. It is, moreover, not unworthy of remark that many univalve shells present precise and recognisable mathematical forms, a fact opposed to the common idea of a vital principle.

The only other prevalent opinion which time permits me to notice, and which is considered by many distinguished physiologists as embodying the most important proof of the existence of a vital principle, relates to the *internal arrangement* of the parts of which organized structures and inorganic bodies are respectively composed. The argument is, that whilst every particle of a mineral body, as a piece of marble or carbonate of lime, exhibits the same properties as those possessed by the whole, so that each particle may be removed from the rest, and yet retain the properties of the whole, thus having a *separate individuality;* organized structure, on the contrary, is made up of dissimilar parts or organs, which are mutually dependent upon each other; so that no one part can exist without the other, and does not possess a separate individuality. Now if the question were as stated, the inference would be just; but a little reflection will suffice to show that the things here contrasted are not the same. The real comparison of the particles of carbonate of lime would be, not with an entire organ of a vegetable or animal, a leaf or a muscle—the corresponding object to which in the mineral kingdom would be a geological formation, composed of parts having a mutual and necessary relation to each other, as the London basin in which an Artesian well may be sunk,—but with the ultimate organic particles of which these are formed. In this, the true sense, it is known by direct observation, that each microscopic segment of the primitive muscular fibril, for example, can and does act when detached from the rest, as far as that is possible with our manipulations, rough and coarse as they are, even when assisted by the most powerful microscope, as perfectly as the whole fibre; and no physiologist in these days would doubt, that if it were practicable to separate one ultimate muscular atom, the homologne, so to say, of the particle of carbonate of lime, it would act as completely as the whole gluteus maximus; thus unmistakably exhibiting that separate individuality which is assumed to be the special characteristic of the particles of inorganic matter. And thus it is, we may rest assured, in the case of the grey and the white neurine, of the ultimate particles of glands, and, in fine, of every organic substance, whether vegetable or animal.

There can be no doubt that in this, and, perhaps, in other countries, the over-ruling influence of the Hunterian doctrine of a vital principle has most powerfully tended to the all but universal propagation of the erroneous views I have touched upon. I need not point out to many of my auditors, that the great instances adduced by Hunter in support of his theory of life, and to which he recurs again and again in his writings, relate to the cause of the coagulation of the blood, the resistance of a freshly-laid egg to freezing, and the power which enables the stomach during life to resist the solvent action of the gastric juice. In each of these instances, Hunter, as it is well known, attributed the phenomena to the defensive power of life, to his vital principle; and in the then state of knowledge it was scarcely possible to draw any other inference, so plain appeared to be the evidence, and so inevitable the conclusion. It is, however, very remarkable and instructive, that modern science, which in such a multitude of instances has enabled us to distinguish the real from the apparent, has demonstrated the fallacy of all these instances. Thus, Dr. Richardson has shown that the coagulation of the liquid fibrin is owing to the loss of its ammonia; whilst Mr. Paget, by his interesting experiments, has proved that the fresh egg of the hen remains unfrozen when exposed to a temperature several degrees below 32°, not because it is alive, but because the mechanical disposition of the albumen, as in the similar instance of the leaf of a vegetable, prevents the watery particles running together into crystals of ice; so that when the white is broken up and liquefied by a needle passed through the shell, it freezes as readily as common water, although the vitality (so called) of the egg remains. As to the resistance of the stomach during life, I showed, some years ago, that it is owing to one chemical agent, the defensive mucus, overpowering another, the gastric juice; so that when an animal is introduced into the stomach of the dog, for example, it is, though alive, dissolved like ordinary food, or the stomach itself after death.

From these and similar considerations, I am satisfied we may rightly conclude, that save and except the sentient and truly living soul, every part and organ of the human body is formed of the common elements of matter, combined by pure physical and chemical forces, and acting exclusively in obedience to those powers.

This fundamental point being established, you will immediately perceive that the living body must act in obedience to the great laws of physics and chemistry. Now, one of the first and most universal of these, as we learn from the researches of Faraday and others, is this, "that in no case is there a pure creation of force, a production of power, without a corresponding exhaustion of something to supply it;" that is, no force is ever manifested without an equivalent change of matter, which change, according to the wide generalization of one of our former colleagues, my friend Dr. Leeson, is in every form—light, electricity, magnetism, gravitation, &c., ultimately resolvable into motion. Hence we conclude that no action whatever takes place in the living body without causing an equivalent change in the organic matter implicated; that therefore, in this state of existence, there is no pure manifestation of life apart from matter; no motion, for example, takes place without a corresponding change, which is called waste, in the ultimate substance of the muscle implicated; no nervous current occurs but at the expense of the nervous matter; nay, even in the subtle operations of the mind, no thought arises without exhausting a portion, however minute, of the gray neurine of the brain.

Herein we perceive the cause of that eternal mutation of organic matter which is one of the special characteristics of living bodies, and which Cuvier has so beautifully and truly expressed, that I may well be excused if I quote it for the benefit of my junior auditors:—"Life," he says, "is a continual vortex, of which the direction, all complex as it is, remains constant, as well as the *kind* of molecules propelled by it; but not so the *individual molecules themselves*, which change without cessation, so that the actual matter of a living body, although it is the depository of forces which will constrain future matter to march in the same direction with itself, will soon be there no longer." The amount of this waste is enormous, although it is very imperfectly appreciated, even by medical men, owing to the fact that the great mass of the metamorphosed matter which is taken up by the absorbent vessels is not cast out of the body, but by this interior and concealed circulation re-enters the blood, where it is so acted on as to be re-converted into healthy nutritious matter. It is, however, possible, by ascertaining the capacity of the thoracic duct, and the velocity of its circulation, to obtain a very close approximation to the absolute quantity of this altered material; and though it may not equal in twenty-four hours, as a German physiologist has asserted, the whole mass of the blood, it must amount to something altogether exceeding that at which it is usually estimated. The importance of this question cannot be exaggerated when we reflect that, according to modern pathology, the entire class of epidemic and infectious diseases essentially are caused by the introduction from without of putrescent particles, which, meeting in the blood with this altered and partially decomposed matter, act upon it by a catalytic process, and thus light up the morbid action. It is in this manner alone that an intelligible idea can be formed why infants and children, whose vital processes are so active, and into whose blood a corresponding amount of *débris* is cast, are so specially prone to epidemics, to scarlatina, to measles, and so forth. In thus proceeding from physiology to pathology, the practitioner is enabled to form a right conception of the supreme importance of preventive medicine; for knowing that decomposing matters, however generated by the overcrowding of human beings, by cesspools, by defective drains, by foul leakage into wells (a thing of daily occurrence) constitute the *fomes* of fever, of cholera, and of a multitude of diseases and ailments, often erroneously attributed to other causes, he has within his power, may we not affirm, on the evidence of recent experience, not only greatly to diminish these scourges of the ignorance and prejudices of men, but even to annihilate them. The value of this question will appear when we recollect that of the whole mortality of England in the eight years 1848—1855, including therefore the cholera epidemics, amounting to 3,296,101, or 412,011 annually, the deaths from zymotic — that is, preventible—diseases amounted to 772,571, or 96,591 per annum. For myself, I must say, although fully estimating the great improvements introduced into modern practice, I look to the advance of sanitary science rather than to the treatment of disease for the extension of human life, which in future and more enlightened ages may, with some obvious exceptions, even reach the period assigned to it by the Divine Creator. With this conviction I would specially exhort those now entering on their collegiate career to study the laws connected with zymotic disease, which can be prosecuted in this school under the guidance of teachers pre-eminently qualified for the office.

All this being so, what, we may inquire, has the medical practitioner to deal with in the treatment of disease? By what principle is he to be guided? He has to operate on a machine made up of chemical compounds, governed by physical laws—to act upon chemical substances by chemical agents —to banish all notions of a pure vital principle, apart from the material instrument. In all this there is nothing really novel; for whatever may be the current theory, medical men act in this manner. What, it may be asked, is the whole of the materia medica? What are all medicines, but chemical agents? What is organic chemistry, now so universally cultivated, and to which enlightened practitioners look as the great means of controlling morbid actions? In such considerations as these, we see traced out the future pathway of medical science—the great end of all medical study.

Some may be inclined to ask, But are there no such things as functional diseases in which the vital actions are deranged without organic change? Rightly apprehended, it may be answered, no such diseases exist. It is very true that you may be able to trace no evidence of material disturbance in the part implicated; but that is no proof that essential changes have not taken place. The actions of the living body, whether normal or abnormal, take place in the ultimate organic atoms, which, like the atoms of common matter, are beyond the recognition of the senses. These are the primary seat of all morbid changes; so that when the pathologist, in what is called organic disease, sees after death altered tissues, he is looking, not on the essential seat of the affection, but on parts secondarily involved often by long existing antecedent disease. By these remarks I have no desire to depreciate the value of morbid anatomy; but it is certain that the great principles of pathology are to be sought by methods similar to those adopted in discovering those of chemistry, in which the impossibility of seeing the active molecules, or even of separating a compound substance,—such as ethyle, the basis of all others,—has been no impediment to determining the mode in which these atoms act or combine, or, in other words, the laws of chemical affinity. This has been effected by the careful observation of phenomena —by questioning Nature in the way of experiment—by cautious induction, resting on a wide basis of previously ascertained facts.

And so, gentlemen, you must proceed in medicine and in surgery. Having obtained a thorough knowledge of the animal economy, of chemistry, and of materia medica, the student should observe the various forms of disease, which, in fact, are so many experiments already prepared by nature. This can only be done at the bed-side, clinical study and instruction being to the pathologist what the dissecting-room and its demonstrations are to the anatomist, or the laboratory to the chemist. In this respect, the schools of medicine in this country are much behind many of those on the continent; but latterly great improvements have been introduced, so that the industrious student will now lack no opportunity for acquiring this fundamental knowledge. The same plan is quite as essential to scientific surgery. It would be a miserable mistake to limit this to mere outward appliances and manipulations; that is the work, not of the cultivator of science, but of the mechanic, the carpenter, or the plasterer. It often, indeed, happens that the dexterous operator excites that admiration amongst ordinary spectators which alone is rightly due to the philosophic surgeon, who, by the application of the laws of pathology, seeks to remove the malady by internal treatment, instead of lopping off the limb, and so maiming his patient for life. There is a tendency to operating, a love of novelty, of performing some unusual, it may be extravagant, feat of handicraft, not altogether confined in the present day to the neophyte. It is my duty, in the cause alike of science and humanity, to warn the student from these ruthless mutilations; and I should consider myself amply rewarded if the words spoken to-night should lead to the preservation of a single limb, or spare one poor sufferer a life-long affliction.

I should not do justice to my own feelings, were I not, in relation to this topic, to render some homage to the memory of that admirable surgeon whose loss we have lately had to regret, and who may justly be regarded as one of the most distinguished ornaments, not only of this hospital, but of the whole profession, Benjamin Travers. After Hunter, I know no one who has effected so much for scientific surgery, or whose writings have had so powerful an influence in improving this department of our profession. His treatise on Constitutional Irritation is especially characterized by a sagacity of observation and a philosophic reasoning, which may be held up as a model to all young surgeons. As to mere contemporary fame, Mr. Travers may have been surpassed by one or two of his competitors, though even then he was, as I personally know, held by the soundest judges to occupy the foremost place; and there can be no difficulty in predicting that his writings will keep his name in memory when many of the brilliant operators of the day will have passed into oblivion.

In relation to these more practical questions, I have great satisfaction in stating that owing to the wise munificence of one whose name will find an echo in every English heart—and who belongs to that noble self-sacrificing band already rendered illustrious by a Marguerite d'Angoulême, a Lady Rachel Russell, a Louisa of Prussia,—Florence Nightingale, one of the greatest wants in the management of the sufferers from accident and disease—skilful and tender nursing—promises to be supplied. There are at this time training in the wards of St. Thomas's Hospital fifteen nurses, supported entirely by the Nightingale foundation, who have been selected with great care, and who, after they shall by examination have proved themselves qualified, will be sent to public institutions to minister to the sick. Already individuals of a superior rank have, prompted by Christian charity, offered their services; and there is reason to hope that an entire revolution in the system of hospital nurses—indeed, of the whole class—will at no distant period be the result of this philanthropic measure.

Mr. Grainger concluded by saying that ill-health having obliged him to resign his professorship at St. Thomas's Hospital, he was anxious to tender his grateful acknowledgments to the authorities, to his colleagues, and to the students, for the unvarying kindness he had experienced at their hands.

ON THE

DIVISION OF THE CILIARY MUSCLE IN THE TREATMENT OF GLAUCOMA, AS COMPARED WITH IRIDECTOMY.

BY HENRY HANCOCK, ESQ., F.R.C.S.,
SENIOR SURGEON TO THE ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, ETC. ETC.

(*Continued from p.* 338.)

LET us, in the next place, examine the results of the operation of iridectomy, according to the published reports of Dr. Bader. These operations having been performed at Moorfields, we may confidently assume that they are not obnoxious to Mr. Hulke's objection of having been "practised in cases which were not true instances of this disease" (glaucoma).

Of 107 cases, 16 are admitted to have been injured by the operation. The eyeball in several cases had to be extirpated after the operation, in consequence of hæmorrhage and the escape of the vitreous humour. The suspensory ligament of the lens was ruptured in others, and the vitreous humour escaped; in one case, from difficulty of seizing the iris, the vitreous humour, with the hyaloid fossa and lens, escaped, followed by half an ounce of blood.

Of 72 cases, bleeding from the iris into the anterior chamber occurred in 12, in one case beginning a quarter of an hour, in another a day, after the operation, the latter being followed by suppuration of the globe; and one case required a counter-puncture, to allow the blood to escape.

In 3 cases, hard portions of transparent lens escaped at the time of operation. In another, the lens and capsule, with about one-third of the vitreous humour, escaped through the wound six hours after operation. Some portions of the lens escaped in another case, and some vitreous humour also while removing the remainder of the lens with a scoop; whilst in 7 cases the lens became opaque, without any fragments escaping. The opaque lens, however, was subsequently extracted favourably in several of these cases.

We are indebted to Dr. Bader's candour for these results. We search in vain for any mention of them in Mr. Hulke's paper, although it would not be too much to expect that some allusion would be made to them in a paper devoted especially to glaucoma and its surgical treatment.

Dr. Bader's tables include the result of operations upon 84 eyes. Of these—

2 were not so well after operation.
36 were not benefited.
Of the remaining 46:
At the time of operation—
7 had no perception of light. Of these—
5 recovered perception of light.
2 recovered the power of recognising fingers, one being also able to distinguish distant objects.
22 had perception of light in degrees varying from faintest, faint, fair, to actual perception. Of these—
3 recovered improved perception of light in portions of the retina only.
5 recovered improved perception of light.
1 recovered the power of recognising objects by a portion of the retina only.
9 recovered the power of recognising objects.
4 recovered the power of reading: 2 small, 2 average type.
had perception of light by portions of the retina only. Of these—
1 was somewhat better.
2 obtained perception of light by whole retina.
2 recognised objects by portions of retina.
1 recovered the power of reading type of average size.
6 had perception of objects. Of these—
2, who had perception of large objects, were improved.
1, who could see small objects, such as keys, could read average type.
1, who could count fingers, acquired the faculty of reading small type.
2, who had no perception of distant objects, and could only count fingers with difficulty, recognised fingers and distant persons.
4 could read large type. Of these—
1 was improved.
1, accommodating at from 3 to 10 inches, reads average print.
2 recognise distant objects and read average type.
1 patient could see, but not read, large type:
Reads large letters and tells the time on a distant clock.

I have now to offer a few observations upon the results of my operation up to the present time.

I also propose to add the present condition of several patients upon whom my operation was performed some months since; and I do this with the greater confidence since Mr. Hildige,* in commenting upon the operation when first announced, fell into the error of assuming it was mere paracentesis, which he asserted produced merely temporary benefit, the symptoms returning in from one to three months; whilst it has been expected that the profession would accept and become devotees to the operation of iridectomy from a number of operations, the results of which are calculated at the comparatively short interval of from two to three weeks from the time of operation.

I have always felt that Mr. Hildige's objection possessed great weight, and my attention has consequently been carefully directed to this point, and the result has been to strengthen me very considerably in my orginal conviction, that my operation did not relieve by evacuating fluid, but by removing constriction. I scarcely know of a single instance in which the patient was benefited immediately, or even shortly after the operation, experiencing the disappointment of a relapse; whilst, on the contrary, in very many instances, the relief has been so gradual that, for some three or four weeks, it has been scarcely appreciable.

The class of cases in which improvement is most rapidly manifested, is that of acute and subacute glaucoma, and what has been termed "evanescent obscurations." In chronic cases, and those of total blindness, or where a mere perception of light has remained to the patient, the improvement has been of much more tardy manifestation, rarely taking place under a fortnight from the operation, after which it usually increases, and rarely, if ever, recedes.

The great value of this operation seems to me that by an almost painless proceeding, however severe the previous suffering has been, the pain is almost invariably removed. Not only is this the case, but, if fairly tried (which I am justified in asserting it has not been by those who appear to be so anxious to disparage it), it will be found that whilst capable of effecting an equal amount of good as "iridectomy," it is free from the danger and objections attending this operation. For instance—

a. It is much more easily and rapidly performed, and the incision made into the eyeball is much smaller.

b. The operation is attended with so little pain that there is no necessity for chloroform; the sickness and accidents resulting therefrom are consequently avoided.

c. As the eye does not require to be fixed by forceps, the danger of lacerating the "rotten" conjunctiva, or of rupturing the suspensory ligament of the lens, is likewise avoided.

d. The incision is made at once by a Beer's knife, and does not in any case require to be enlarged by scissors.

e. As the incision commences at the margin of the cornea, and is carried obliquely into the sclerotica away from the cornea (not backwards and inwards towards the axis of the globe, as erroneously stated by Mr. Hulke), and as the iris is left intact, and is not to be seized by forceps nor drawn out by a hook, there is no danger of the lens escaping, being broken up, or so injured as to cause traumatic cataract.

f. The integrity of the iris being preserved, the operation is not necessarily or even beneficially restricted to the upper segment of the cornea in order to obtain the compensatory support of the upper lid. The patient, moreover, retains the power of adapting his vision to near objects; and in the majority of cases there is no permanent disfigurement of the eye, or coloboma iridis.

g. The iris not being injured, hæmorrhage from its lacerated

* THE LANCET, November 19th, 1859.

edges cannot occur; thus it can neither be necessary to employ a scoop to remove the blood, nor to make a counter-opening to admit of its escape.

h. The incision is so small that it is impossible for the lens or the vitreous humour in any quantity to escape through it. The necessity of extirpating the eyeball, therefore, from either of these causes, or on account of haemorrhage, as I have already shown, cannot by any possibility occur.

i. It relieves pain by the removal of the constriction of the eyeball, and the consequent pressure upon the nerves from the undue constriction of the ciliary muscle.

j. By it the impediment to circulation through the blood-vessels is got rid of; they are placed in a favourable condition to recover their normal state, and the probability of a recurrence of the effusion is greatly diminished.

k. Where it fails, it does so little damage to the eye, that iridectomy may subsequently be performed, if considered beneficial to the patient.

We have seen that Dr. Bader gives the account of 84 eyes operated upon, and the results at the end of from two to three weeks were—

2 not so well as before;
36 not benefited;
16 recovered perception of light;
18 recovered perception of objects;
12 possessed the power of reading, but of these 5 could read large type before operation.

On the other hand, since its introduction in September, 1859, my operation has been performed on 31 patients suffering from glaucoma, and the result of these operations has been that

10 were not benefited, they remaining in the same condition as before the operation;
6 recovered perception of light;
5 recovered the perception of objects, being able to discern keys, pencil cases, tell the time, &c.;
10 recovered the power of reading, none of them being able to distinguish a letter, even, at the time of operation.

I here subjoin an abstract of the last fifteen cases; merely observing that the operations performed for the relief of hydrophthalmia, staphyloma, and conical cornea have not been included here, as it is my intention to publish them at some future period.

CASE 1.—H. M——, aged forty-four, admitted into the Royal Westminster Ophthalmic Hospital in October, 1859. Of tolerably healthy appearance, but suffered from great nervous depression. The pupils were dilated; eyeballs large and hard, but free from pain. He was quite unable to go about without assistance, and could not read a letter. The only period at which he could see was early in the morning, just after he awoke from sleep. Upon these occasions objects seemed dim—not single, but doubled, trebled, and quadrupled. His sight was good until four years ago, when it became dim; two years afterwards he began to see double, at which time he commenced work at a cheesemonger's shop, by gaslight. Impairment of sight increased until two months before admission, when vision was totally absent.

On October 14th, Mr. Hancock divided the ciliary muscles of both eyes. His eyeballs became much softer to the touch, and lost the tense feeling which they before possessed.

He left the hospital on the 1st November, being very slightly if at all improved.

Sept. 12th, 1860 (eleven months after the operation).—He came to the hospital to-day by himself. The pupils are now of natural size and shape, and the irides act freely. Has now only single vision. He says that he has several times this summer been into the country by himself; that last summer he was so blind that he could not go anywhere without being led. Can now read small-pica print without the aid of glasses, and tells the time on a watch readily.

CASE 2.—S. B——, aged sixty-two, admitted Oct. 3rd, 1859. Acute glaucoma of the left eye. She first experienced pain in the eye seven days previously, and having had to work very hard as a washerwoman, the pain became most violent, preventing her sleeping at night, and extending to the temple and over the brow. The eyeball is very hard, exquisitely tender to the touch, and presents the usual external appearances observed in glaucoma; the lens is opaque and of a greenish colour; the pupils dilated and irregular; her countenance is very pale and indicative of great suffering. She can barely distinguish light from darkness.

Oct. 7th, 1859.—Mr. Hancock cut through the ciliary muscle. The pain was entirely relieved by the operation, and did not recur during the fortnight she remained in the hospital.

Jan. 2nd, 1860.—The patient came to the hospital to-day, and says "she can now see with the eye as well as ever she did," and is able to follow her employment.

Sept. 19th (eleven months after the operation).—Her sight still continues good. She says she can read the newspaper without any difficulty.

CASE 3.—H. C——, aged fifty, washerwoman, admitted Jan. 11th, 1860. Subacute glaucoma. Ten years ago the right eye became swollen, red, and painful, she having previously been subject to rheumatism. The pain in the course of time ceased, but she never perfectly recovered the sight of the eye. A similar attack, attended with flashes of fire before the eyes, occurred six years ago. As upon the previous occasion, the pain was got rid of, but the sight has ever since been much impaired. The eyeball is pyriform in shape, and the cornea contracted in its diameters and conical. A marked depression or groove runs round the eyeball, corresponding to the ciliary muscle, the eyeball being constricted at this point; the choroid shows darkly through the thinned sclerotic; the lens is opaque, the globe very tense, and an arcus senilis surrounds the cornea.

Jan. 13th.—Mr. Hancock divided the ciliary muscle.

Feb. 14th (one month after the operation).—The eye has now the appearance of the sound eye; the sight is excellent, and she has the power of adapting the eye as easily to near as to more distant objects.

Sept. 18th (eight months after the operation).—The sight of the eye is equally good as at last report. She says she has now her usual sight, and can read the newspaper.

CASE 4.—G. B——, aged fifty, admitted on the 25th of January. Cataract and glaucoma. Nine years ago, she had an attack of inflammation in the right eye; after which the sight of the eye gradually failed, until, in a few months, it entirely left her. Four years ago, her left eye became gradually dim and misty, and she saw coloured rings surrounding the candle. She never had any pain in the eye. She is now quite blind with her right eye, unable to distinguish light from darkness. The lens is completely opaque, of a deep yellowish colour, and dislocated, its upper margin being directed backwards, whilst its lower rests against the iris, which is immovable. The left eye is glaucomatous; the globe is hard, and the lens of a greenish colour; the iris bulging forwards, insensible to light, and the pupil dilated and irregular. She is unable to distinguish the largest print, but she can see faces indistinctly, and if the hand be held up before her eye she can with difficulty count the fingers.

March 2nd.—Mr. Hancock divided the ciliary muscle in the left eye.

23rd.—Can discern faces and objects held before the eyes better.

CASE 5.—J. C——, aged fifty-seven, admitted on the 15th of February, 1860. Glaucoma (chronic). Has almost completely lost the sight of the left eye, being just able to perceive light; has occasional pain and flashes of light in the eye; the eyeball is hard; the pupil insensible to light; humours turbid, with some opacity of the lens, so that the retina and choroid cannot be seen; there is a distinct greenish reflection from the pupil; the cornea is not prominent, but is rough on its surface, though transparent; if placed opposite the light, he can tell if a dark body be moved before his eyes, but cannot distinguish its form.

Feb. 17th.—Mr. Hancock divided the ciliary muscle in the left eye.

March 1st.—To attend as an out-patient. There is no apparent improvement.

Sept. 14th (seven months after the operation).—Can discern a pencil-case and watch when held before him; can also discern people and the colour of their clothes.

(To be concluded.)

ON SANGUINEOUS MENINGEAL EFFUSION.

BY M. BROKE GALLWEY, ESQ.,
SURGEON-MAJOR, ROYAL REGIMENT OF ARTILLERY.

UNDER the above heading, Dr. Wilks has lately produced, in the "Guy's Hospital Reports," an able and practical paper, that has an intimate relation to much that we meet with in the domain of cerebral pathology. I avail myself of his introduction of this subject to the profession to bring the following case under the notice of your readers:—

Gunner J. M——, Royal Artillery, aged twenty-six, was brought into the hospital here at nine A.M. on the morning of the 18th of May, in a state of partial insensibility, having been picked up the preceding night by the picket in a public-house, on the ground-floor of which he was reported by the landlord of the same to have been lying insensible from four P.M. of that day. Very naturally considered by the sergeant of the guard, into whose hands he was consigned by the picket, to be only "dead drunk," he was deposited on the floor of the lock-up room until the morning after, together with the other worthies consigned to his care, in the different stages of oblivion to which the weakness of their heads or strength of their finances had brought them. I must plead guilty to having at once endorsed this view of the man's complaint, especially as he exhaled a strong effluvium of rum, and discharged a quantity of this fluid from his stomach immediately after admission into the hospital. He was capable of being roused, and even of responding to questions when loudly proposed to him, but immediately after would relapse into unconsciousness. His pupils at this time were of natural size, though sluggish; pulse oppressed, and somewhat slow; skin nowise remarkable. Having due regard to his immediate antecedents, the patient was put to bed, and merely ordered to be watched. Nothing remarkable transpired during the first twenty-four hours after admission; but at the visiting hour of the day after, some ptosis of the right upper eyelid attracted attention, with eversion of the corresponding eyeball; and now also the grasp of the right hand was found to be materially weakened, together with the patient's control over this entire limb. The leg of the same side was unaffected; the facial muscles were not implicated; and his speech, which had now returned with returning consciousness, was distinct and uninvolved. He was now able to recollect and relate the occurrences antecedent to his attack. He remembered to have been drinking in the public-house, but at that point his memory deserted him. He admitted that his habits had been intemperate; and I ascertained a little later, from one of his comrades who had known him well and for a long time, that he was inveterately addicted to the bottle. I ought to have stated that the patient's head was carefully examined for external evidence of injury, but without leading to any results in this direction; while, throughout his illness, he made no complaint of pain in any part of the same.

By the third day, the paralytic phenomena had increased slightly, but there was no corresponding implication of the intellectual faculties, nor was there any irritative development in the muscles of the affected arm. The urine was examined for albumen, and traces of that substance were found, yet insignificant in amount. The pupil of the right eye had now become much dilated, and was insensible to light; the ptosis and eversion continued. Opposite pupil lively, and of natural size.

This patient died on the sixth day after admission, his case having undergone very little alteration from the state of things recorded in the foregoing details. To the last he continued free from coma, screamed out at times towards the close of the scene, and died at length exhausted.

The autopsy of Dr. Wilks' *fifth* case recounts almost so exactly what disclosed itself in that of J. M——, that this physician's description will fit in here almost without the transposition of a sentence, or the alteration indeed of a line:—

"The head presented no external signs of injury, and the bones were not fractured. On removing the calvaria, the dura mater was of a dark colour on the *right* side, and was flaccid. On lifting this up, its inner surface, as well as that of brain, was seen covered with blood, being contained, in fact, in the cavity of the arachnoid. The blood was fluid, or in form of loose coagulum. The whole of the right half of the brain was surrounded by the effused blood, and which had evidently compressed it; this was seen by the septum of the ventricles being pushed over to the left side. The blood had passed down to the base," and was found also in some quantity there. "The left hemisphere was unaffected; there were no inflammatory products to be seen by the naked eye. The brain itself was carefully examined, in order to discover any breach of surface as a source of the hæmorrhage, but *none* could be found. No laceration could be found in the sinuses or meningeal vessels, from which the blood could have flowed."

I may add that the brain did not disclose any, the least, appearance of bruising.

The effused blood bore the appearance of being quite recent, having undergone no change of colour or chemical alteration indicative of having been long separated from its natural channels. The left ventricle was the seat of a vast effusion of limpid serum, into which no blood had found access. A much smaller quantity occupied the right; and the third and fourth ventricles also were distended with the same. The substance of the brain was healthy throughout, the left corpus striatum and optic thalamus being no exception to this condition. The vessels of the brain were sound and, judged by the naked eye, free from any degenerative tendency. There was nothing about the origin or course of the third nerve to explain the ptosis of the right upper lid; nor was there any sufficient cause apparent for the paralysis of the right iris more than of the left, which latter had been lively throughout under its natural stimulus. The walls of the heart were preternaturally thin; valves all healthy. External capsule of liver extensively figured with deposits of fibroid degeneration, laid down, I may almost say, in sheets—that peculiar appearance so often met with, and so generally laid at the door of chronic inflammation, and which Dr. Wilks himself, I believe, conceives to have its origin in a change *sui generis*, probably the offspring of syphilis, or of alcohol, or of both. Tissue of kidneys healthy, but the secreting structure of both, more particularly of the right, in a state of intense and universal venous congestion, to which the term of venous apoplexy might not be very inapplicable. Both renal veins much dilated.

Remarks.—The leading points of interest about the foregoing case I take to be the following:—

1. That a man is not always to be taken for dead drunk, even though picked up insensible on the floor of a public-house, with the odour of spirit about him at the time.

2. That a large effusion of blood may be discovered on the surface of the brain, and yet elude our closest inquiries into its source.*

3. That such large effusion of blood is not necessarily productive of coma, this symptom, from first to last, having been absent in the present case.

Further, it is observable, that although the effusion of blood was upon the right hemisphere, the paralytic phenomena were *not upon the left*. I take this to point to the *recent* origin of the effusion; for, although not existing in connexion with the centres of motion, its amount was so great as to have produced a considerable indentation of the hemisphere towards the ventricle, the long persistence of which, had such been the case, I doubt not, would have influenced the functions of the corpus striatum and optic thalamus. The excessive effusion into the left ventricle, I take to have been the cause of the paralytic phenomena. Blood poisoning from renal causes, plainly, will not explain the *origo mali*, or the symptoms during life, neither convulsions nor coma having been present; nor will degenerated cerebral vessels.

On these several accounts, I think the present case affords a striking illustration of the opening remarks in Dr. Wilks' paper, already quoted:—"Of all the difficult cases admitted into hospitals, those are the most perplexing where the patients are brought in in an insensible condition, and unable to give any account of themselves. A man, for example, may be picked up in the street, or carried from a neighbouring public-house, or place of low resort, and the surgeon has to choose between injury, poison, or disease as a cause of his insensibility; and then, again, to elect between the probable forms of these. In such cases, the post-mortem examination will generally enable us to determine the nature of the case for the purposes of justice. Occasionally, however, even this is difficult or impossible, and the inspection after death will throw only a partial light upon it."

Woolwich, September, 1860.

* Dr Wilks has suggested to me the strong probability, in *these* cases, of the ruptured vein or veins leading into the sinuses being cut across during the operation of slitting up the dura mater.

MR. LAWRENCE AT LYONS.—We extract the following paragraph from the *Gazette Médicale de Lyon*:—"The profession of Lyons has, within the last fortnight, been afforded great happiness, without, however, being able, from not being prepared, to appreciate it fully. Last Wednesday, whilst M. Desgranges was extirpating a tumour in the parotid region, at the Hôtel Dieu, an aged gentleman entered the theatre, with a fine, intelligent countenance, and an exquisitely noble English bearing. He introduced himself as surgeon to St. Bartholomew's Hospital in London, and made a few extremely appropriate remarks respecting the operation which was being performed. He then accepted the invitation to be conducted over the hospital by a few young doctors present. In leaving them, he bade them good-bye in the following manner: 'Many thanks, gentlemen. If you come to St. Bartholomew's Hospital, I shall be happy to show you round. Pray ask for Mr. Lawrence.'"

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

LOOSE CARTILAGE IN THE KNEE-JOINT, PRODUCING REPEATED ATTACKS OF SYNOVITIS; DIRECT REMOVAL; RECOVERY WITH A STIFF JOINT.

(Under the care of Mr. FERGUSSON.)

THE very few cases of loose cartilage which present themselves at our hospitals would almost lead to the belief that it is a very rare affection. This we would venture to remark is by no means the case; for although the examples are far from numerous, yet patients will not apply for relief unless the loose body causes much pain and inconvenience.

There is some difference of opinion amongst surgeons as to the means to be adopted for getting rid of these bodies. Some prefer to remove them at once, whilst others leave them in the areolar tissues. Experience goes to prove that success more usually attends the latter proceeding, and that sometimes most serious consequences have ensued from the former, involving loss of both life and limb. We recollect seeing an hospital patient submitted to Syme's operation for the passage of a loose body from the knee to the subcutaneous areolar tissue, but the surgeon could not resist the desire of removing it altogether. The consequence was that the most violent inflammation set in, in a healthy constitution and robust frame. It went on to suppuration, and the leg had to be removed at the thigh, the patient barely escaping with his life. This is by no means a solitary instance of the bad results of direct removal of the loose cartilage, and hence that proceeding has invested almost every case with uncertainty and fear as to the result of any operative measures for relief. Mr. Syme's and Dr. Goyrand's operation, together with various modifications of it, taking the precaution to leave the loose body beneath the skin, at any rate for a time, we have now seen performed on several occasions, without any bad consequences whatever. Some surgeons endeavour to obtain adhesion at the spot recommended for its detrusion by exciting some inflammation by puncturing the synovial membrane subcutaneously with a lithotome. An example of cure by this method, under Mr. Birkett's care at Guy's Hospital, is recorded in a former "Mirror." (THE LANCET, vol. i., 1856, p. 75.) We have heard Mr. Hilton remark at the same hospital that he has treated one case by subcutaneous section with success, and two without any operation, the bodies being kept stationary, and ultimately, he believes, absorbed.

We had the opportunity of seeing another case treated during the past summer at King's College Hospital, in which the loose cartilage had been present probably for ten years, but most certainly for three. Mr. Fergusson preferred cutting it out direct from the joint by means of a valvular incision. In some observations made on the occasion, he stated that he had cut a loose body directly from the knee-joint several times, and the result had always been successful. He adverted to Mr. Syme's subcutaneous operation, but preferred his own method. Fortunately the present case has turned out tolerably well, but the patient ran very great risks from the extreme severity of the inflammation which followed, synovial fluid and pus flowing from the joint for some days; recovery has ensued with a stiff limb. We have seen recovery take place under precisely similar circumstances, but with firm anchylosis of the joint after a long and tedious illness.

We are indebted to Mr. W. Wickham, house-surgeon of the hospital, for the notes of the following case:—

Thomas H——, aged thirty-four, admitted into the above hospital on April 26th, with a loose cartilage in the knee-joint. He stated, on admission, that ten years ago, whilst walking, he was suddenly seized with severe pain in the left knee-joint. It lasted for a few minutes, and then as suddenly left him. This occurred on several occasions for a month or two, when it disappeared. He was not troubled again with it till three years ago. He could now feel the loose cartilage at the inner side of the joint. About six months ago the joint became inflamed, for which leeches and blisters were employed, and he was obliged to keep his bed for a fortnight; and, on getting up, he found great difficulty in walking, and the joint was very stiff. He had another similar attack of inflammation in the joint three months since. On admission, the man's general health was very good; the left knee was rather larger than the right. On manipulation, the loose cartilage could readily be felt on the inner side of the patella. The patient walked with a stiff knee to avoid pain consequent on the loose cartilage getting between the ends of the bones.

May 12th.—The patient being placed under the influence of chloroform, Mr. Fergusson removed the loose cartilage, which was about the size and shape of a broad bean. The cartilage having been first brought to the inner side of the patella, and the leg straightened, a valvular incision was made over it, and, after some difficulty, it was removed by means of a scoop. Some synovial fluid escaped during the operation. The wound in the skin was closed, and the limb placed in a M'Intyre splint. The patient was then removed to bed, and the limb swung.

13th.—The patient passed a very bad night; complains of great pain in the joint, which is much swollen and inflamed. Ordered sixteen leeches to the joint, and a pill containing three grains of calomel and half a grain of opium every four hours.

15th.—He is greatly relieved since the application of the leeches. Ordered poppy fomentations to the joint, and a saline draught with the pills every four hours.

17th.—The pain in the joint has returned, and the swelling increased. Twelve more leeches were applied, with much benefit.

18th.—He is much better; the wound is now discharging a thin fluid, consisting partly of synovia and partly of pus; the pain is much less, and the swelling has diminished. Poultices were applied to the joint.

29th.—The splint was this morning re-applied, with very little inconvenience to the patient, and he did not complain of any pain on applying firm pressure over the joint.

June 21st.—The splint was left off to-day, and the whole limb firmly bandaged. The wound in the joint is healed. The swelling in the knee-joint has greatly subsided; manipulation causes no pain. With the assistance of crutches he is able to walk about the ward.

He was discharged to go into the country on July 12th. At this time there was still some swelling of the joint, with very little motion; he could, however, slightly bend the knee without causing pain.

UNIVERSITY COLLEGE HOSPITAL.

ANEURISM OF THE LEFT FEMORAL ARTERY, TREATED BY COMPRESSION; CONSOLIDATION OF THE TUMOUR WITHIN FIFTEEN WEEKS.

(Under the care of Mr. QUAIN.)

ANEURISMS of the thigh are now known to be of less frequent occurrence than are those of the groin or ham, and this has been proved by the researches of Dr. Crisp. He found that out of 551 cases of aneurism recorded in the medical journals of this country during the present century, 137 affected the popliteal, and 66 the femoral artery. Of these latter, 45 were situated in the groin or upper part of the thigh, and 21 only were truly femoral.

A good example recently occurred in this hospital in a middle-aged man, originating in an injury received some months before admission; its situation was four inches below the fold of the groin, in the middle line. Compression was assiduously applied, off and on, for a period of fifteen weeks, with results that ended in complete consolidation of the aneurismal tumour and obliteration of the femoral artery above it, permitting the patient to be discharged from the hospital cured. The progress of the patient is accurately detailed by Mr. Charles Orme, Mr. Quain's house-surgeon, to whom we are indebted for the subjoined notes of the case. They very well show the difficulties that occasionally present themselves in adopting this mode of treatment, and yet, by perseverance and care, they were overcome, and

the desired end was attained without the necessity of resorting to the ligature.

Samuel P——, aged forty, a dock labourer, admitted on the 10th of May. Lives in Lincolnshire. Is married, and has one child. At twenty he contracted syphilis, excepting which he has ever enjoyed good health. Last autumn, he struck his left thigh against the corner of an iron casting He felt faint, but soon rallied, and was able to continue his work. Soon after, he observed a swelling at the site of injury. This did not hinder him from doing his work, consequently he did not regard it as of any importance. This swelling went away. Four months ago it returned, but he did not observe any pulsation till two months since. He was at once, on application to a medical man, recommended to come to this hospital.

May 10th.—There is a lump as large as a pigeon's egg in the left thigh, about four inches below the fold of the groin in the middle line. It is very firm to the touch, and pulsates strongly all over. Strong pressure on the artery at the pubes puts a complete stop to the pulsation. The small superficial cutaneous veins of the thigh are enlarged below the tumour, but not above it. The left leg pits on firm pressure over the tibia. Both legs are marked with brownish discolorations, which he says he has had since his attack of syphilis. A loud, harsh murmur is heard in the aneurismal swelling, synchronous with each beat of the artery.—Three o'clock P.M.: Carte's apparatus was applied, the pad of the instrument resting on the artery at the fold of the groin. The pressure was so applied as to considerably diminish, without entirely stopping, the pulsation.—Ten P.M.: Pressure was relaxed, as he complained of pain, and he was ordered forty minims of tincture of opium.

11th.—Did not sleep last night at all, although, in addition to the above, he had twenty minims of tincture of opium.—Ten P.M.: Situation of pad altered, so as to press upon the artery a little lower down. The skin where the pad has hitherto rested is reddened.

12th.—There is some œdema of the thigh. Pressure was slackened, in consequence of pain. Slept last night after draughts of forty and thirty minims of tincture of opium.—Ten o'clock P.M.: Complains greatly of body part of instrument. He has also pain throughout the limb, which is getting very œdematous. Limb bandaged from toes to groin.

13th.—Pain in limb and in back continues, where pressed by the instrument. The thigh is more swollen, the skin being rendered tense. The pad is now very frequently relaxed.—Seven o'clock P.M.: Apparatus removed. A superficial slough has formed were pressure was exerted by the pad, the skin around is reddened, and there are blebs. The aneurismal swelling feels smaller and harder, and the pulsation is less forcible. The bandage is now continued over the swelling, previously covered with a pad of cotton wool. The patient is in good health.

14th.—Œdema diminished. Bowels have not acted since the 9th. To have two aperient pills at night, and a black draught next morning.

17th.—Epithelium of part affected by pressure has come off, but there is little appearance of true skin being involved in the separation of tissue going on. The aneurism now feels the size of a small walnut. The limb is still confined by a bandage. Bowels regular. When the roller was re-applied, it was found that the limb had returned to its former size. To have ten minims of dilute sulphuric acid thrice a day.

19th.—The denudation of epithelium has extended; the skin around is reddened and slightly indurated. A poultice to be applied. The compress over the aneurism is now left off. The aneurism is smaller and harder, and the pulsation less forcible.

22nd.—The subcutaneous cellular tissue is slightly involved.

25th.—The wound is cleaning. The patient is comfortable and cheerful; appetite good; bowels open; pulse natural.

31st.—Wound clean, except a small spot in the centre. Cicatrization has commenced. The aneurism is smaller, and the pulsation less forcible. The leg is kept raised on an inclined plane.

June 8th.—Wound is healing rapidly. Patient now gets up.

14th.—Bandage re-applied.

28th.—The wound still remains open, the closure of which is somewhat tardy. Compresses or bandages appear to retard the healing process.

July 6th.—Previous exercise having produced slight increase in the pulsation of the aneurism, patient was confined to bed.

13th.—Ulcer healing rapidly. The patient is placed under a regimen preliminary to a further trial for the cure of the aneurism—viz., one-half extra diet, with milk; a drachm of sulphate of magnesia twice a day.

20th.—Ulcer nearly healed.

26th.—To-day Carte's apparatus was applied. Patient had been shaved thirty hours previously about the affected parts. He was placed upon his back, his head was raised, a pillow was placed under his buttocks, the affected limb was flexed, rotated outwards, and supported in this position by means of pillows. Levigated French chalk was now sprinkled over the parts to be compressed. A folded sheet having been placed in the concavity of both groin and thigh apparatus, the instruments were adjusted in their respective situations. The latter (thigh) being left loosely applied, the former (groin) was screwed down, just short of producing pain, by which the pulsation in the tumour was considerably diminished, though not absolutely checked even to the touch. In less than one hour the patient complained of pain, and attributed this to the pressure of the pad upon the bone beneath, at Poupart's ligament. The course of the artery had been marked out in ink, and the pad was applied with its long axis in a vertical direction, its innermost margin not extending beyond the inner border of the artery. It was directed to a point, so that the centre of the pad fell about three-quarters of an inch above Poupart's ligament; the pressure was in a direction directly downwards. The compress was now moved upwards a quarter of an inch, and the direction of pressure was made to incline upwards away from the ligament. —At six P.M., the pelvic apparatus having been applied for three hours, the instrument attached to the thigh was now adjusted. This was done by screwing the pad down so that its long axis should be parallel to Poupart's ligament, and the direction of pressure slightly outwards against the bone, and in a situation between the cicatrix of the slough and the tumour—that is, about three-quarters of an inch above the upper border of the sac. The compress having been screwed down sufficiently to produce a visible effect upon the pulsation of the tumour, the instrument in the groin was relaxed, and the pressure then modified in the thigh, in accordance with the feelings of the patient.—At nine P.M., the patient having made no complaint, the greater portion of the pressure was taken off, in order that he might pass a comfortable night, which in the morning he said he had done.

27th.—The pelvic pressure was re-applied. When the pad was released from the thigh, there was considerable redness, and in an hour a vesicle, of the size of a cherry-stone, rose. At two P.M., pressure was again changed, the pad being made to escape the vesicle. At six P.M. pressure was alternated. During this day the patient has made no complaint, excepting now and then requesting that the compression might be slightly relaxed. During the whole period of this second trial the limb has been encased in a blanket, and a cradle fixed to protect the instruments.

29th.—The vesication in the thigh having increased to an ulcer as large as a shilling, and the old sore having again opened, little has been done towards the furtherance of the cure in the interval. To-day a ten-pound weight was placed over the artery in the pelvic region, while a five-pound weight was applied to the tumour itself. These were made to alternate with one another at short intervals. But this was soon discontinued, as it was found that the new skin was unfitted even for the slight irritation produced by this pressure.

Aug. 6th.—The weights were once more applied.

11th.—The pulsation is much less strong.

19th.—Since last report the patient has been left almost entirely alone. He has been permitted to move about as he pleased during the greater part of the day, and only in the evening, and that not every day, has a small weight (five pounds) been applied to the tumour. To-day Carte's apparatus was applied for four hours to the artery above Poupart's ligament. This produced a very visible effect. There is no pulsation seen; the impulse is by no means strong, and the extent of it from side to side appears to be about an inch and a half, and its length about the same.

22nd.—To-day spirit of wine was applied over the tumour, and the lint was kept constantly wet for twelve hours. Examination showed that pulsation was now scarcely perceptible to the hand on pressure. A five pound weight to be constantly kept on the tumour, and the patient strictly prohibited leaving his bed.

25th.—This morning pulsation had entirely ceased. When the stethoscope was applied, the circulation was found to extend to within three-quarters of an inch of the aneurism. This was five hours after pulsation had ceased, which occurred, according to the patient, at five A.M. The patient had suffered no pain at the time, nor was there any change in the appearance of the limb at the period of inspection. The limb was of a natural temperature, although both the tibial arteries pulsated feebly. The only other difference as regards the circula-

tion in this limb was, that the superficial arteries on the inner aspect of the upper third of the thigh were more distinctly felt than in the opposite limb. It was wrapped in a blanket, and kept in a raised position. The patient was ordered to keep quiet. The medicine was suspended, and he was placed on a full diet.

28th.—The patient permitted to get up, the tumour remaining consolidated. A pint of beer was ordered.

31st.—Discharged.

MIDDLESEX HOSPITAL.

COMPOUND DISLOCATION OF THE ELBOW—THE RADIUS AND ULNA THROWN DIRECTLY OUTWARDS; REDUCTION, WITH GOOD USE OF THE JOINT.

(Under the care of Mr. FLOWER.)

Of the various and complicated displacements to which the elbow is liable—and they are numerous enough—*complete* lateral dislocation is so rare, that there is but a single instance on record that we know of, and this appears, with a woodcut, in the second volume of Nélaton's "Surgical Pathology," p. 391. Most surgeons are aware that, as usually encountered, lateral dislocation is invariably incomplete, the appearances indicating which are described in most surgical works.

The symptoms of *complete* lateral dislocation, as detailed by Nélaton, are as follows:—The radius or the ulna forms on one of the sides of the articulation a projection, easily recognised; whilst the inferior extremity of the humerus becomes prominent on the opposite side. Two depressions are also noticed, corresponding to the hollow which exists above the humerus, or beneath one of the two bones of the forearm. Further, the triceps forms a slight projection behind, and deviates from its normal position by directing itself towards the side upon which the forearm is carried in the displacement. The forearm and the hand are inclined outwards in the luxation inwards. The limb is fixed in its position, and can, with some pain, execute certain light movements.

It will be observed that the great diagnostic sign is the absence of the projection of the olecranon process of the ulna backwards. All the symptoms are not described in Mr. Flower's case, but the displacement was readily made out to be directly outwards, and it was reduced with facility. The joint was laid open by the injury, with the escape of synovia; and the lower end of the radius had sustained a comminuted fracture. Altogether, it was a very complicated as well as a rare case; a good recovery, however, ensued, with very fair motion.

J. H——, aged thirty-four, a labourer, in good health, who fell down from a height of twenty feet upon a boarded floor, was admitted into Clayton's ward, Aug. 27th, 1860. The left radius had received a comminuted fracture close to the lower end, but without great displacement. The bones of the same forearm are both dislocated directly outwards at the elbow. The inner condyle was extremely prominent; and just below it is an irregular wound, about the size of a shilling, with contused edges. Through this the cartilaginous surface of the trochlea of the humerus was readily seen and felt, and synovial fluid was escaping from it. The bones were reduced without difficulty by the house surgeon, Mr. Worthington, by means of slight extension, and the wound was closed with a piece of lint, fixed over it by strapping, an angular wooden splint put on the arm, and cold water constantly applied to the elbow.

Aug. 29th.—Much swelling of the elbow-joint, and effusion into the bursa over the olecranon. The angular splint was removed, and a straight one applied only to the radius. The elbow was laid on a pillow, and kept cool. Water-dressing to the wound.

30th.—The elbow less swollen, and not at all painful.

Sept. 1st.—Swelling of the elbow nearly all gone; wound granulating; the communication with the joint appears closed up.

In a fortnight, gentle passive exercise of the arm was commenced. This gave rise to no pain.

25th.—Discharged from the hospital; wound quite healed; has very good motion in the elbow-joint; can flex it himself, though he cannot yet completely extend it.

TESTIMONIAL.—The poor inhabitants of Christ Church District have, through the Rev. C. D. Marston, presented a valuable collection of books to Dr. Gill, the resident-surgeon at the Dover Hospital.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 3RD, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

EIGHTY-FOUR new Fellows were elected by ballot in the usual manner.

CASE OF SEROUS APOPLEXY TERMINATING FATALLY IN THIRTY-FIVE HOURS ON THE SIXTH DAY OF LYING-IN.

BY R. UVEDALE WEST, M.D.

The patient, aged thirty-eight, was delivered on June 4th, 1860. She was of full habit, with a remarkably dingy, freckly complexion, suggesting the idea of imperfect elimination of urea. Her last confinement, the fifth, took place in June, 1859, when she had violent post-partum hæmorrhage, with subsequent febrile symptoms and phlegmasia dolens. Her state of health since that period had not been good. The labour which preceded her death was easy and quick, but the placenta was incarcerated, and had to be removed. For a day or two there was much hæmorrhage, but she was otherwise pretty well until the fifth day, when, soon after breakfast, without previous complaint, she was suddenly seized with a kind of fit. When seen by Dr. West, soon after this attack, she was found semi-comatose and speechless; hemiplegia of right side; the arm on this side rigid and semi-flexed; pupils medium, equal; no convulsive movements, but occasional motion of the left hand and arm; respiration quick; pulse 100; lochia present; breasts distended, the child having died the day before; no œdema of feet or ankles; bowels open day before. When sharply spoken to, she apparently attempted to put out her tongue. She remained in the same state up to the evening of the following day, when, after turbulent tossing of left arm, rising in bed, quickened pulse, copious perspiration, hurried sibilant respiration, she expired.

The head only was allowed to be examined. There were small patches of extravasation inside the scalp over both sides of occiput, due to knocking of the head against the head-board; brain apparently congested on surface; some small patches of softening outside the left choroid plexus. Left lateral ventricle empty; right contained considerable quantity of slightly bloody serum. Brain otherwise healthy.

Dr. TANNER regretted the absence of any mention as to the state of the vessels of the brain. He thought it highly probable that this may have been one of those cases of plugging of one of the cerebral arteries by fibrin to which Virchow, Kirkes, and others had called attention. The condition of the woman was such as to favour the formation of such impediments to the cerebral circulation.

Dr. GRAILY HEWITT regretted rather that the condition of the kidneys had not been ascertained. The details of the case led him to suspect that had they been examined, they would have been found diseased, notwithstanding the fact that no œdema was observed at the time of the attack. He was led to make this remark in consequence of his experience of a case somewhat similar to the one now reported, and in which disease of the kidneys gave rise to pretty nearly analogous symptoms and a like result.

CASE OF QUADRUPLE BIRTHS.

BY HENRY G. TIMES.

The great rarity of quadruple births—according to Collins' statistics, 1 only in 159,172 births—induced the author to lay the case before the Society. The patient, aged thirty-three, was pregnant for the fifth time. She was taken in labour on the morning of the 23rd of September. At eight P.M., a female child was delivered by the midwife in attendance; ten minutes after a second child, and twenty minutes afterwards a third, were born. Then followed a very large placenta, when the midwife, finding there was still another child, sent for Mr. Times. The placenta had drawn down the abdomen of the remaining child. After a little manipulation the feet were drawn down, and delivery of this, the fourth child, effected. The first three were alive and crying; the last never breathed. There was little hæmorrhage. The previous pregnancy terminated at eight months, in December, 1859. The last catamenial period was during the first week in March, but the discharge was so scanty that she conceived herself to be then pregnant. Hence the quadruplets were probably between six and seven

months old. The children were all well formed, all upwards of twelve, and one thirteen, inches in length. The first lived seven hours; the next two, three hours. The placenta was single, but each funis had a distinct attachment. There was no lobulation of the placenta. The patient recovered well.

Dr. ROUTH inquired whether the movements of the children within the abdomen had given the woman any evidence of the uterus containing so many live occupants?

Mr. TIBBS stated that the only thing observed by the woman was, that her abdomen was unusually large—a fact she accounted for by supposing that there was a large quantity of liquor amnii present.

Dr. BLOXAM stated that in a case which came under his own observation, all four children were born alive, and at the full term.

The PRESIDENT made some interesting observations respecting plural births in general. He believed that, as stated by Hohl, the size of the abdomen was no criterion. Hohl found that in cases of twins, the abdomen was not often larger than in ordinary cases. He knew of a case in which the same woman had quadruplets twice within the year, and he had heard of cases of triplets twice or thrice over. He was himself one of six children, the six being the result of two pregnancies, one of which resulted in the birth of twins, in the other, of quadruplets. In answer to a question of Dr. Tanner, as to the greatest number of children he believed had been born at once, he referred the Society to Burdach's Physiology, in which several very remarkable cases would be found quoted. If he (the President) recollected aright, there was one instance, if not more, in which six children had been produced at a birth.

Dr. GIBB believed that in most of these cases of quadruplets the children die. He had met with a curious instance while travelling in America, however, having had pointed out to him four young ladies, sixteen years of age, who, by common repute, were the product of one pregnancy.

ON THE PATHOLOGICAL LESION OF PHLEGMASIA DOLENS.

BY W. TILBURY FOX, M.D. LOND.

The paper was an appendix to a former communication read at the June meeting, in which it was attempted to show the necessary conditions of evolution of phlegmasia dolens; and the object of the present paper was to solve two main questions:—

1. The essential condition of the limb (the pathological lesion) of phlegmasia dolens.

2. The mode of production of this lesion.

In regard to the first point, it was maintained that the presence of fibrinous serosity in, with more or less hypertrophy of, the fibro-cellular tissue, is the essential, the sufficient, pathological lesion; that the inflammation, the abscess, the sloughing, &c., are not peculiar or necessary parts of the affection, but common to many diseases, and the result of an eliminative act to rid the system of some *blood poison;* that the latter may produce lymphatic and venous obstruction, and hence phlegmasia dolens; but it passes beyond this, giving rise to a distinct disease—such as abscess, pyæmia, and the like.

Phlegmasia dolens in these cases is a local complication of the general disease, and the general symptoms are not parts of the phlegmasia dolens.

It follows, then, that there are two types of the disease:—

a. The complicated, in which an eliminative process (inflammation, abscess, &c.) takes place, these being the answer acts of the tissue to the blood state; the epidemic form, in which an effect is produced by a virus, superadded to what occurs in—

b. The other class,—the uncomplicated,—where the blood state does not require any eliminative actions to be performed on the part of the tissues, but where simple obstruction exists, such as pressure by tumour, &c., and simple thrombus; this being the essential, simple, ample disease,—all else being superadded and accidental.

It having been shown that venous obstruction produced œdema *only*, and this *plus* lymphatic obstruction (phlegmasia dolens), the second question, as to the mode of production of the lesion in the limb, might be stated thus—How can obliteration of the lymphatics produce the peculiar change of the limb in phlegmasia dolens? The lymphatics being obstructed, the three offices, of removing waste, of absorption, and of formative power, could not come into play.

It was then argued at length that the amount of lymphatic distribution and fibro-cellular tissue are in direct ratio—that fibrin is the pabulum of the latter tissue—and that Virchow's views on this point clash with sound doctrine. Lymphatic obstruction being followed by the retention of fibrinous serosity in the cellular tissue, the inference allowed by the foregoing facts was, that *one* office of the lymphatics is to remove all superfluous material from the cellular tissue—to keep the balance of nutrition there correct; hypertrophy and retention of fibrin in the cellular tissue ensuing upon lymphatic obstruction: and this explanation is confirmed by the behaviour of the lymphatics in cases of cancerous ulceration, &c. (When a blood-poison is present, *special tissue actions*—as abscess and the like—are superadded.)

It was attempted to be shown that absorption by the lymphatics from ulcerated surfaces might give rise to thrombus at the entrance of the thoracic duct into the junction of the jugular and subclavian veins, and thus account for phlegmasia dolens occurring in the upper extremity in cases of disease of other parts of the body—e. g., cancer uteri.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

IMPROVED FLESH STRAPS, FLESH RUBBER, AND FLESH GLOVES. THE OXFORD WASHING PAD, TO BE USED WITH SOAP. Manufactured by LAWRENCE & Co., Islington.

THESE instruments are very beautifully constructed, and are admirably calculated for effecting the object they are intended to accomplish. One of the improvements they display consists in the hair being brought perpendicularly to the surface, by which it is rendered not liable to abrade the skin. Judging from the specimens before us, they could not be more artistically made. They are of two qualities, one finer than the other, and therefore suited to the delicate skins of the fairer sex. In their application, every external portion of the limbs and trunk may be brought under the action of the gloves and rubber. Next to pure air and wholesome food, brisk exercise is of all things, probably, most conducive to health; and when this is not available, then, probably, friction with the instruments before us is its best substitute. Even in the practice of bathing, we strongly suspect that a sound rubbing is far more conducive to the promotion of health and strength than the mere action of the water on the surface of the body.

These very useful and neatly-constructed instruments are well entitled to the recommendation of our professional brethren.

THE STATE OF MEDICINE IN MOROCCO.—M. Garcin Vasquez, chief surgeon of the first division of the Spanish army in Morocco, writes that in that country the practice of medicine is carried on by anybody, and is surrounded by absurd ceremonies. The people of Morocco, being fatalists, suppose that diseases are brought upon them by evil spirits; they expect the cure from the latter, and submit, in order to obtain it, to ridiculous acts hardly worthy of reasonable beings. One of their favourite remedies is sarsaparilla, which they use with a certain number of religious observances. "I was sent by our General to the Ketif who had been authorised to discuss the clauses of the treaty of peace. He had an anthrax on the leg, which by neglect and the friction of the clothes had become much irritated and inflamed, the whole leg being the seat of phlegmonous erysipelas. I prescribed for him, but had much difficulty in making him understand that he should not take off the dressings repeatedly for the sake of prayers and ablutions; and could hardly overcome his repugnance to the application of linen immediately upon the skin. He would not take a male attendant for fear of the women. From these facts the abject condition of the lower classes may be imagined. There are no doctors here, and nothing like them; insane or fanatical people take their place amongst the population. The Jews have the advantage of a medical man sent and paid by M. Rothschild. The natives have their *wise men*, who take care of them in disease; but I am afraid they do not act very *wisely*."

M. CULLERIER is the successor to M. Ricord at the Hôpital du Midi, and not M. Alphonse Guérin, as was surmised in our last number.

THE LANCET.

LONDON: SATURDAY, OCTOBER 13, 1860.

THE relative consideration in which health and money are held in a commercial country is well illustrated in the care taken to detect adulteration designed as a fraud upon the revenue, and that which is perpetrated at the expense of the consumer. In both instances the object aimed at is, no doubt, the same—that is, simply and solely to increase the profits of the dealer and manufacturer. In both instances, also, it may, and, perhaps, mostly does, happen that the consequences are similar—that is, detrimental to the revenue and injurious to the health of the consumer. It would follow, that if all articles of food or drink within the purview of the Adulteration Act of last Session were also excisable articles, the community might repose with tolerable security upon the protection afforded them by the vigilance of the revenue officers. No Government will regard with indifference practices that tend to undermine the foundations upon which the estimates of the Budget are constructed. But Parliaments are not equally solicitous to guard the health of the public against the attacks of traders, whose voice is very loud and very powerful amongst the constituencies. Hence it arises, that notwithstanding the passing of the Adulteration Act—an imperfect concession very tardily made—the public health is not nearly so well taken care of as is the revenue. And the objects contemplated by the Excise officers being quite distinct, it cannot be expected that their proceedings will in all cases operate effectually for the security of the consumer.

The Adulteration Act, however, is now entering upon its trial. It is very desirable that those who think that articles of food ought to be made subservient to the nutriment of taxpayers as well as beneficial to the revenue, should understand that this object is really attainable. It may, indeed, be discovered that the Act upon which our present reliance is necessarily placed is defective. If so, it must be amended. But the experience of the Analytical Sanitary Commission has abundantly proved two things,—First, that science is efficient to detect all the more pernicious tamperings with articles of food and drink; secondly, that detection and exposure, even without legal penalties, are most efficient instruments to deter ignorant or dishonest traders from indulging overmuch in the arts of adulteration. In addition to the testimony thus borne by our own enterprise, there is the experience of the Excise Laboratory at Somerset House. As our proceedings were conducted in the free arena of the press, they are sufficiently known. Those of the Excise, although very extensive and systematic, are necessarily less familiar to the public. A sketch of them, therefore, may at this juncture be both interesting and serviceable.

For about eighteen years an Excise Laboratory has been in existence, under the superintendence of Mr. PHILLIPS. Its design has been to investigate any subject affecting the revenue which involved the application of chemistry or the microscope. This design of course implies the aid of a body of skilled officers. Until the year 1858, it was the custom to educate a certain number of young men for this special duty in the Birkbeck Laboratory at University College. About eighty officers of the Inland Revenue department have thus received a special scientific training at a cost to the country of about £800 a year. In 1858, however, a commodious Laboratory being erected in Somerset House, Mr. PHILLIPS has himself undertaken the instruction of these officers. The last nine have, before being entrusted with independent duty, undergone examination by Dr. HOFMANN. In the practical branch o Mr. PHILLIPS' department, 9631 samples were analyzed during the year 1859. Not less than 5000 distillations and 16,000 weighings were performed, whilst the number of papers reported upon was upwards of 7000. Since the date of the preceding Report, twenty-four examiners have been instructed in the Laboratory, making a total of eighty-five who have thus had the opportunity of becoming acquainted with the scientific modes of detecting adulterations. Of this number, about sixty are now supervisors.

The Report of Mr. PHILLIPS then proceeds to give an account of his operations in regard to the various frauds that most frequently call the resources of his department into action. Tobacco, he says, is now but very seldom adulterated—a circumstance upon which he comments in the following terms:—"That an article which, from the high duty upon it, the keen "competition amongst the manufacturers, and its almost uni-"versal (!) consumption, offers stronger incentives to its sophis-"tication than perhaps any other commodity, should generally "be sold in a pure state, fairly shows that its freedom from "adulteration is due partially, if not mainly, to that strict "supervision of its manufacture which has for years been "exercised by the Revenue."

The Chancellor of the Exchequer, we fear, is more fortunate than the sanitarian. Would that an equally strict and effective supervision were maintained in reference to the manufacture of articles more useful to man than tobacco!

We are told that in 1859 it had been found necessary to select only fifty-seven samples of tobacco for analysis. Of these only sixteen were adulterated. The adulterations consisted of sugar, liquorice, oil, carbonaceous matter, cabbage-leaves, nitrate of potash, sulphate of magnesia, common salt, ammonia-alum, and carbonate of lime. We conclude from this list, that adulteration in the eye of a revenue officer means simply a fraud upon the revenue. This signification of the word is different from that attached to it by the physician and by the Adulteration Act. It may possibly be hereafter a question for the magistrate, whether tobacco in the form of smoke or snuff is an article of "food." If the decision should be in the affirmative, the physician will then have to determine whether the mixture of cabbage-leaves with tobacco is an adulteration and injurious to health.

Up to 1856, we are told, the practice of adulterating snuff was very prevalent, particularly in Ireland, no less that fifty-two per cent. of the samples examined in that year being illicit. In 1858 the falsified samples were seven per cent., and in 1859 nine per cent. Snuff-takers may like to know that in the manufacture of the compounds called "Irish" and "Welsh," the law permits the use of lime-water; and that some manufacturers have been in the habit of abusing this privilege by using, not lime-water alone, which is sufficient for the proper preparation of the snuff, but a thick mixture of lime-water and powdered lime, to an extent constituting, in the eye of the Excise-officer, "an adulteration in its worst form, being phy-

"sically injurious to the consumer, as well as a serious fraud "upon the revenue." An adulterated sample of snuff from Ireland contained roasted oatmeal. We should prefer this article, shockingly fraudulent though it is as regards the Budget, to tobacco-dust in its purest form.

In pepper, the public have the satisfaction of regarding an article the purity of which is at the same time of financial and culinary interest. For the adulteration of this condiment we are more indebted to the ingenuity of the "grinders" than to the tricks of the retailers. From the results obtained in the Laboratory during 1859, it appears that the practice of adulterating pepper is not only very general, but increasing. Of ninety-nine samples examined, seventy-eight were illicit. The adulterating ingredients were the husks of red mustard, white mustard, and rape-seeds, sago and cereal starches, and powdered slate. Many samples contained capsicum, long pepper, and a very large proportion of the stalks and husks of pepper.

Since the suspension of our inquiries and exposures, it seems that the sale of coffee adulterated with chicory has increased. In 1857, the per-centage of chicory present in mixtures of chicory and coffee sold unlabelled, was 26·7; it had risen, in 1859, to 39·8. The proportion of chicory contained in such mixtures sold in Ireland was not less than 59 per cent.

In regard to beer we do not receive much information. Some business is done in spent hops, which are adulterated or regain their departed bitterness from the admixture of grains of paradise, roasted chicory, or sweetflag. The rogues in grain also at one time roasted raw barley, instead of malted barley, to save the trouble attending the germinating process. This practice, we are told, is now owing to the operation of the Act 19 and 20 Vict., c. 34, in a great measure suppressed.

The evidence borne by this Report proves that the practice of adulteration is very greatly checked by the systematic operations of Mr. PHILLIPS and his band of analysts. It is unfortunate for the public that these operations are mainly directed against adulterations which are not always deteriorations when viewed from a medical aspect. Fraudulent, no doubt, they mostly are, but not necessarily injurious to health. The publican who, by various arts of "sweetening," "flavouring," and "salting," contrives to reduce the alcoholic strength of his spirits and beer, may find some excuse for a fraud which he is easily induced to believe is not more profitable to himself than to his customers. What we want is adequate security that the bread, which is our daily food, the milk, upon which the infant population is reared, shall not be so tampered with, empoisoned, or impoverished, as to be rendered incapable of conversion into living bone and muscle. For this we must mainly rely for the present upon the Act for Preventing Adulteration of Articles of Food and Drink. We shall watch with interest the working of this measure. We shall be glad to find that it is capable of completing that work which the Excise leaves undone, and that the consumer's interest will be as much respected as is that of the Revenue. The Act encountered too much sagacious opposition in the two Houses not to have come out of the ordeal a somewhat adulterated article. It has to be read and interpreted by the lawyers before the public will be permitted to know how far it can accomplish the purpose for which it is designed. This doubt, we trust, will be solved in reasonable time by the experience and labour the Medical Officers of Health.

LAST week we had occasion to draw attention to the disunited state into which our professional brethren have fallen in a certain portion of the Australian colony. We gave a very forcible illustration of this unfortunate circumstance by reviewing a page of the recent history of the Melbourne General Hospital. We regret to say that we have yet to refer to another instance of medical disunion in the same locality. The Public Lunatic Asylum would appear to be a house divided against itself. To use the words of the *Melbourne Examiner and Weekly News* (July 21st): "That eccentric institution, the Asylum at Yarra "Bend, and its differing doctors, persist in claiming a share of "public attention." Between these gentlemen there exists, it is said, "a well-known incompatibility of temper." Ever since the Asylum has been in existence the rate of mortality has been very high. Its officers, too, have been pursuing very opposite methods of treatment. Under these circumstances, a colonial parliamentary committee was appointed at the commencement of the session to inquire into the management of the institution, and ascertain the merits of the different systems propounded by Dr. M'CREA and Dr. BOWIE. We are informed Dr. M'CREA insisted that, in former years, the patients died from "plethora," or, at any rate, that they had more food than was good for them. Dr. BOWIE, on the other hand, maintained that the inmates are now suffering from the effects of starvation. The result of the inquiry was that, upon the 28th of last June, the committee brought up a "progress report," recommending that there should be an immediate increase in the quantity of food. The report was unanimously adopted by the Colonial House. Three weeks afterwards a member, Mr. HEALES, finds it necessary to inquire why the resolution of the House had not been carried into effect. Mr. NICHOLSON explained that due notice was sent to Dr. M'CREA, who replied by requesting that a "board of inquiry" might be appointed, as the committee had not stated what the increase ought to be. Mr. NICHOLSON requested Dr. M'CREA to make a recommendation himself. The medical officer declined, upon the ground that he had already given it as his opinion that the patients had at present food enough. Mr. NICHOLSON then rejoined, "Consult with Dr. BOWIE;" and so the matter was dismissed. The subsequent history of this conference upon the results likely to accrue from the additional allowance of an ounce or two of beef per diem, resolves itself into a series of bulletins. Mr. HEALES states that at one o'clock on Thursday Dr. BOWIE had not received any communication from Dr. M'CREA, and Mr. NICHOLSON's latest intelligence is an hour subsequent. He saw Dr. M'CREA, who told him that he had arranged with Dr. BOWIE; and so, concludes the Chief Secretary, "it may be expected, as Dr. BOWIE is a party to the "arrangement, that the increased allowance of food will be "dispensed to-morrow." If we had not before us so serious a matter as the proper treatment of lunatics, we could do little more than laugh at all this squabbling and throwing impediments in the way of improvement. But as it is, we feel bound to express our disapprobation of the whole matter, and our earnest hope that the medical officers of the Yarra Bend Asylum will for the future not let us have any further public illustrations of their "well-known incompatibility of temper."

Whilst upon the subject of administration of hospitals for the insane, we may refer to our recent receipt of "Official "Documents in the case of ANN PRATT, the reputed Authoress "of a certain Pamphlet, entitled 'Seven Months in the Kingston

"Lunatic Asylum, and what I saw there.'" These documents have been published in accordance with the direction of his Excellency the Governor of Jamaica. Our readers will, no doubt, remember that we have on previous occasions (THE LANCET, vol. ii., 1859, *passim*) found it necessary to comment upon the proceedings of some of the public medical departments of the island of Jamaica. The Kingston Lunatic Asylum has, it would appear, been again brought into public notice. A pamphlet has been lately published and circulated extensively through the island, purporting to be a true account of certain cruelties, assaults, and abuses undergone by a late patient in the hospital alluded to. This pamphlet has also, it is said, been forwarded in great numbers for circulation in England. Previous to the appearance of the work, Dr. BOWERBANK had addressed a letter to the Secretary of the Governor, calling his Excellency's attention to this "most extraordinary and frightful case of abuse." The latter immediately gave directions for a minute investigation into the whole case. The following quotation from the report of the investigating "inspector" will sufficiently inform the reader as to the result of the inquiry:—

"I do not attempt to conceal from his Excellency my own belief, that greater roughness and severity are at times exercised by the servants and nurses of the asylum than is desirable or proper in the management of violent lunatics; but I feel entirely convinced in my mind that (with every allowance for this evil) the narrative which has been put forth to the world is from first to last a disgustingly overdrawn picture of falsehoods and exaggerations. It is extremely difficult to employ nurses and servants of mild temperament and good character, in whom are combined with these desirable qualities the necessary strength of mind and body to control and manage lunatics during their violent paroxysms; and unless provision is made at a considerable additional expense to the public for the importation of thoroughly trained nurses, I fear the evils which result from the necessity of employing inexperienced and untrained nurses at the present cheap rates must to some extent continue. No amount of surveillance by the officers of the institution, as at present constructed, can insure an entire check to the occasional display of that irritability of temper which is peculiar to the class of persons to whom our selection of servants and nurses is at present necessarily confined."

Now, be the statement of ANN PRATT true or not, this confession of the inspector acknowledges the existence of a state of things which demands immediate alteration.

WE perceive from the *Army and Navy Gazette*, that the Royal Commissioners have prepared a series of questions relative to the sanitary condition of the different European and native troops throughout India. The commanding officer, the engineer, and the medical officer of each station, will be required to give and sign concurrently answers to the questions soon to be submitted to them. The first section of inquiry relates to topography, and seeks to elicit the fullest information relative to the character and history of the station. The second section bears reference to "climate;" whilst the third refers to the sanitary condition of the post, embracing all the points usually included under this head. Under the fourth section, the health of the troops is considered. The fifth section embraces questions intended to elucidate the effects of total abstinence, temperance, and drunkenness upon the amount of sickness, mortality, and crime at the station. Under the next division comes an inquiry into diet; dress, accoutrements, and duties are included under the seventh section. Then follow instruction and recreation; whilst military prisons, and everything relating to them, come under section nine. The subject of field service, and all in connexion with the conduct of the line of march of troops, bivouacking, camping, billeting, each medically considered, are included in the tenth section. The next embraces the statistics of sickness and mortality; and the extensive and important topics of military hospitals, and the burial of the dead, bring the inquiry to a close by forming the concluding sections.

By the *Indian Lancet* we learn that great grumbling had been caused amongst some divisions of the troops by a late order of the Quartermaster-General, enforcing the destruction of what are termed "soldiers' pets." The order refers to three subjects: 1st, the removal of pictures, &c., from barrack-rooms; 2ndly, private lights are prohibited; and, 3rdly, all pet animals are to be removed out of the barrack-rooms and buildings adjoining. Sir SYDNEY COTTON, in the Peshawur division, has in reference to the last point even increased the harshness of this irritating order by requiring "that all "buildings be pulled down that have been built for their "accommodation." We quite agree with our contemporary, that a proper supervision, without an order of this sweeping character, would have answered the desired purpose. The observations of the editor of the *Indian Lancet* are so appropriate that we make no apology for reproducing them:—

"The European soldier in India leads a dull, miserable life; and, instead of issuing orders likely to make it duller and more miserable, the governing powers should endeavour to render an Indian existence happier for those they desire to keep in the country, and this we believe to be the wish of the Government of India. If men prefer pictures to whitewash, as long as their rooms are kept tidy, why should they not have them? If soldiers desire to read, and Government will not furnish lamps, why should they not have their own, if proper care be taken of them? And if they are fond of pet animals, why should they not keep them, if the buildings built for their accommodation are clean, and removed some distance from the barracks? Gentlemen in authority should remember that, anatomically considered, soldiers are composed of much the same materials as themselves, and that 'humanity-mongers' in England may on Exeter Hall platforms ask 'why soldiers in India may not possess a picture, read a book by candlelight, or keep a pet dog?'"

With our *Indian Lancet* we received a quaint-looking prospectus of the *Akbare Jubabut*, or *Medical Gazette*—a monthly publication in Oordoo. This new periodical is intended as a medium of communication between native doctors in Government employ and native hakims, for the improvement of medical and surgical knowledge, and the greater alleviation of the many diseases to which the millions of inhabitants of India are subject. We need scarcely say that we wish the *Akbare Jubabut* every success.

THE RETIREMENT OF M. RICORD.

AN event has lately taken place at Paris which calls for our immediate attention in two very distinct points of view. The event itself has been chronicled by our Paris correspondent in the last number of this journal, and is no less than the retire-

ment of M. Ricord from the post he has occupied at the Venereal Hospital of Paris for the last twenty-five years.

Now this retirement brings before us the question of superannuation of physicians and surgeons of hospitals, as regulated in France. Our readers are aware that physicians are expected to retire at sixty-five, and surgeons at sixty. Is this wise? We have no hesitation in stating our conviction that this is a most wholesome regulation, the introduction of which amongst ourselves would be fraught with great advantages.

Of course it appears *primâ facie* that such retirement deprives the patients of the experience gathered by the medical officer through a series of years, and that such patients lose his services just at the time when the latter seem to be the most valuable. But experience is not all that is expected from the nosocomial office-holder; he must also have retained, as far as the physician is concerned, a clear head,—and, as regards the surgeon, the full command of his intellect, besides a good eye and a steady hand. That many physicians and surgeons who have attained the ages in question are still highly gifted in all these respects cannot be doubted for a moment; but these are rather the exception than the rule. And when we consider that the older such men become the more busy they are in private practice, we cannot but believe that they can very gracefully make room for successors, without endangering their rank, fame, or interest, and without prejudice to the suffering poor. Add to these arguments that a great many of the medical men who are now regarded as the heads of the profession have voluntarily relinquished their posts, coerced, in some degree, by private engagements, and hardly any voice will be found to defend the system of indefinite hospital service now in force amongst us.

This is one of the points of view in which we desire to speak of M. Ricord's retirement; the other refers to the man himself. The great syphilographer has not as yet been removed from the labours of his gigantic private practice, and much may still be expected of him; but he has relinquished the teaching of the young generation; he has given up that mighty lever by which he so eloquently has raised himself to fame; that lever which has made him a universal favourite, and spread his doctrines far and wide over the globe. Eloquent and persuasive language, a frank, open, and most conciliatory manner, have, however, not been the only means by which Ricord has succeeded in forming a school; he has had other merits, and these, in an historical sense, we are bound now to examine.

When Ricord found himself, in 1835, first entrusted with the post of surgeon to the Venereal Hospital of Paris, he observed great confusion and uncertainty in the theory and practice of the diseases specially brought before him in his wards. Pathological phenomena were numerous; but they were all, either by authors or his own colleagues, viewed in different lights, both as to origin, prognosis, and treatment. The existence of a virus was denied by some; gonorrhœa, chancre, and systemic symptoms were huddled together; incubation was admitted by some surgeons, and rejected by others; local symptoms were looked upon by one party as the *cause*, and by the other as the *consequence* of infection; the affections of the lymphatic glands were involved in great obscurity; the order of the phenomena of general infection was unsettled; the mechanism of hereditary syphilis was a matter of dispute; the ultimate consequences of the tainted organisms of parents were not investigated; and the treatment adopted was naturally of the most opposite kinds.

Out of all the theories which had been propounded, that of our own Hunter seemed to Ricord the nearest to truth; but, unswayed by the authority of that great name, he set to work, and subjected every one of Hunter's views to the test of experiment. Guided by the actual practical manner in which Hunter had attempted to solve the pathological problems presented by venereal diseases, Ricord had recourse to artificial inoculation. By means of this method of experimentation (which to him then appeared infallible), he succeeded in dispelling the chaotic confusion which had long prevailed. Struck by the results of the inoculation of the matter of gonorrhœa, chancre, and secondary ulcers, Ricord built up the doctrine which has been before the medical world for the last twenty-five years, and which has had an enormous influence on practice all over the globe.

The views promulgated by Ricord and his school were the results of experimentation and observation: they were not the children of fancy, or the refined deductions of subtle reasonings and hypotheses, but the *bonâ fide* offspring of bed-side study and comparative experiments.

It is not, however, given to man to rejoice in faultless systems: Linnæus, Brown, Broussais, and many others, fully illustrate this assertion; and the school of Ricord has not escaped the common lot. The founder himself has had occasion to modify his doctrines, and time will probably work more changes in them than we now wot of. But these spots on a very bright sun should not make us forget the persevering labours, the indefatigable industry, the genius, in fact, which has presided over all Ricord's deeds. Many of the pathological laws which he has shown to exist in venereal diseases stand to this day unattacked; and the vast improvements which he has introduced in the therapeutics of these affections would alone be sufficient to secure for him the gratitude of mankind.

Let us, therefore, not allow him to retire from the scene of his triumphs without a word of regret from these islands; let him remain assured that the medical profession of Great Britain are fully alive to the services which he has rendered to science; and that, in rejoicing in the prosperity which surrounds him, they heartily wish that he may long enjoy the reward of his valuable labours.

DISINFECTION OF THE SEWAGE AT CARLISLE.

AT the town of Carlisle, a public effort is being made by Mr. M'Dougall to demonstrate that the sewage of great towns may be effectually and inexpensively disinfected. He has obtained a lease of the sewage of Carlisle, and of a hundred acres of land close to the town. He now disinfects the sewage as it issues from the town with a carbolic acid solution, and then leads it over the land. Dr. Angus Smith gives a full account of the present results of the experiment, which he speaks of as being perfectly successful. He says the land can be seen by anyone passing out of Carlisle by the Caledonian Railway to the north. The crops of grass are very rich upon it; but at present so many sheep and cattle graze on it that it is kept somewhat bare. The result is, that the sewage flows over the land, and no one on walking over the ground can tell that the moisture in it is other than the rain. There is no long canal running to the sea, costing a great deal of money wherever it goes; neither is there a beautiful river tainted by sewage, becoming loathsome to all the senses, and a grave to the fish that have so long frequented it to the profit and pleasure of the inhabitants. Sewage may now cease to be an evil as it issues from towns. It need not be dreaded by any of the proprietors of land, neither need it be dreaded by manufacturers on the streams, if there be convenient land as at Carlisle; and, in any case, putrefaction or pollution of the air may be made to cease. The whole of the Carlisle sewage is thus absorbed. The average amount is 666,116 gallons. The sewage is led on to the land by trenches merely. The whole cost of the establishment was under £400. The cost of the material for disinfecting the sewage of Carlisle is 5*s.* 3*d.* per day, or £95 per annum. Dr. Angus Smith concludes from the results of this experiment, that a great problem is solved. He considers that it is shown that sewage may be made to be entirely inoffensive to the most delicate senses—that it may be

even made to disappear, and not pollute the rivers; and this effect may be produced in such a way as not only to lead to no expense, but to be rather a source of at least some profit, although the exact amount cannot yet be estimated. The plan has only been in operation at Carlisle during this season. The estimated increase of produce is more than double.

We have on a former occasion directed attention to the fact that the same agent was tried for a month last summer, on a system of sewers in the City of London. The experiment was conducted by Dr. Letheby, and the result fully bore out the Carlisle experience.

ALGIERS FOR THE CONSUMPTIVE.

THE French journals report that Dr. Pietrasanta, who was entrusted some time ago with a mission to Algeria in order to study the influence of that climate in chronic pulmonary complaints, has now communicated the result of his inquiries to the Academy of Sciences. Dr. Pietrasanta commences by stating that the climate of the city of Algiers is a medium between those of the temperate and tropical zones. Its atmosphere is extremely pure and cloudless. Twilights are very short. The seasons differ but slightly from each other, the annual average temperature being 66½°. Nevertheless, great variations are suddenly experienced at times. The hygrometric state of the ambient air is moderate, and the average altitude of the barometer 762·32 millimetres (about 30 inches). There are, moreover, certain periods of wind and rain, which are well determined. Regarding population, the increase is determined, first, by immigration (arrivals being always more numerous than departures); and then by a diminution of mortality, and an increase in the number of births. Wherever insalubrity exists in Algeria, it is generally removable by human ingenuity and industry. Pulmonary complaints, however, do exist at Algiers. Dr. Pietrasanta considers that they are chiefly owing, first, to a contempt of hygienic practices; and, secondly, to the influence of libertinism, which the natives have borrowed from the Europeans. The following six propositions convey the results of these investigations:—1. The climate of the city of Algiers is extremely advantageous to patients labouring under pulmonary affections. 2. Consumption exists at Algiers amongst immigrants as well as amongst natives; but it is much rarer than in France and on the coasts of the Mediterranean. 3. The increase of consumption amongst the natives, whether Arabs, Mussulmans, or negroes, is independent of any climatological cause. 4. The climate of Algiers is extremely favourable in cases of predispositions to be conquered, or symptoms to be removed, which constitute the first stage of phthisis. 5. Its beneficial influence may be questioned in the second stage of tuberculosis, especially when general symptoms predominate over local injuries. 6. It is fatal in the third stage as soon as disorganization appears.

STATISTICS OF IMBECILITY.

IT is estimated that in England and Wales there are not fewer than 12,000 persons of all ages belonging to the imbecile class. Of these, 2500 may be regarded as suitable subjects for school training: provision exists for only 600. In Scotland, special inquiries have proved that there are about 3000 persons in the general class of imbeciles, and 600 of these are assumed to be of a youthful age and capable of improvement: provision exists for only 36. In Ireland there were, in 1851, 4906 imbeciles; for the educable portion of which no provision whatever exists. We have in England establishments at Red Hill and at Essex Hall, Colchester: the former with 306 inmates, and an annual expenditure of £16,000; and the latter with 30 inmates, and a revenue of £1700. At Bath, also, an institution has been in operation, on a limited scale, since 1846. In Scotland, an asylum for idiots has been established for some years at Baldovan, near Dundee. In Edinburgh, the Society for the Education of the Imbecile in Scotland has charged itself with the diffusion of information on this subject and the furtherance of the work. The present provision for these unfortunates is lamentably deficient, and contrasts unfavourably with the state of things abroad. Dr. Brodie, who is urging the case of the imbecile in the United Kingdom, points out that in Switzerland, France, Prussia, Austria, Bavaria, Piedmont, Denmark, and in six or more of the States of America, the State has charged itself with their care and treatment, and liberal provision has been made for their peculiar necessities.

THE DANCE OF DEATH.

THE Hospital Beaujon, at Paris, contains now two patients,—the one suffering from fracture of both legs, and the other so bruised and injured internally that little hope is entertained of his recovery,—who received their injuries simultaneously while performing one of those horrible dances and *tours de force* on a tight rope, which procure some excitement to the public, and gain to the performers, at a risk of life, which this accident does but too fatally illustrate. A father and two sons were in the act of exhibiting "human pyramid performance" on a double tight rope suspended upwards of ninety yards from the ground. This familiar performance has lost all interest for other than children and street idlers when exhibited on *terra firma*. It certainly does not acquire additional grace or beauty when gone through on the perilous footing of a tight rope suspended high in the air; but it receives a vast accession of interest to the multitude by the frightful risk of life and limb which it involves. We greatly doubt whether this is a lawful interest, a legitimate spectacle, a just risk, or a moral means of gain. In this instance, one performer was killed on the spot, the second lamed and disabled for life, and the third lies still in mortal danger. It were a comparable spectacle that a man should take a deadly poison before a large audience, and, for a certain gain, take the chance of recovery by use of an antidote, or of suicide. The profits of such exhibitors are the remuneration afforded to them for taking the chances of suicide with fearful odds against them. For the skill, the boldness, and the fearless tread of the acrobat, may avail him nothing. His life is at the mercy of a strand of rope, of a gust of wind, of a shifting pole, and a thousand physical chances, to say nothing of possible cramps, vertigo, and the like uncontrollable bodily seizures. If we mistake not, such exhibitions have been forbidden by magisterial authority occasionally in different parts of England. Such a judicious exercise of authority is, however, the exception. We hope that, warned by the terrific disaster which we record, it may henceforth be the rule. It is but a few weeks since a female performer, dancing on a tight rope amid fireworks, was fatally burnt by an ill-directed squib; and an accident, entailing the loss of a life and severe injury to two attendants, was recently recorded as due to the slipping of a pole, bringing down rope, performer, and supports upon the devoted heads of two groundlings below. It is not always easy to define the line which separates enterprises of skill and justifiable daring from those of sheer foolhardiness and intolerable risk to life. But there can be no doubt that such performances as those of the sufferers at the Hospital Beaujon belong clearly to the latter category, and should be sternly prohibited.

NAVAL HYGIENE IN FRANCE.—A Chair of Hygiene has just been founded in the Naval Medical School of Toulon, the first occupant being M. Roux, Surgeon-in-chief of the Imperial navy. Now that a Military Medical School has been established at Chatham, the next question will be whether we shall go on imitating our neighbours, and think of the formation of a *Naval* Medical School. There would be nothing strange in this, seeing that England is the first maritime power of the world.

MEETING OF THE SOCIAL SCIENCE ASSOCIATION AT GLASGOW.

DEPARTMENT OF PUBLIC HEALTH.

THE proceedings of the National Association for the Promotion of Social Science include always numerous discussions on questions concerning the public health, and these are carried on mainly in the fourth department, specially set apart for sanitary discussion.

The Sanitary Section was very fully attended by medical practitioners and others from all parts of the kingdom. The general business of the late meeting at Glasgow was conducted with great order and unanimity, and was marked by much cordiality. The numbers attending exceeded those of any former occasion.

The President, Lord Brougham, in his inaugural address, delivered to a large and enthusiastic audience, glanced over a wide range of topics of social discussion, resting for a moment on one or two questions of sanitary importance, amongst them Quarantine, Mortality Returns, Adulteration of Food, and Railway Accidents. On these questions he said:—

"The Committee on Quarantine have continued those inquiries which were referred to last year, and have received a large number of replies, some of a very valuable nature, from various governors of colonies, consuls, and other functionaries throughout the world. So valuable has been the information obtained that, on the motion of the Board of Trade, the House of Commons has ordered the replies sent to the Committee to be printed for the use of the House. A printed paper from Constantinople shows the interest felt in the Levant on this subject.

"The Council are glad to say that Mr. Scholefield has succeeded in passing his Bill for repressing the Adulteration of Food, which it is hoped may be found useful, though not in its details entirely satisfactory. We cannot dismiss the important subject of sanitary policy without expressing the satisfaction felt at the appointment of the Indian Army Sanitary Commission, which may justly be ascribed to the able paper of Mr. Chadwick discussed at the Liverpool meeting.

"Connected with statistics is a subject which occupied our Sanitary Department last year, the defects in our public records of sickness and mortality, and the valuable papers of Mr. Ramsey gave rise to much discussion. The Council appointed a committee to investigate the question, and resolutions were agreed to, on which a communication was opened with the Government. There can be no doubt that the present system will receive extension and improvement.

"It is to be hoped that within either the sanitary or the general department the subject may be allowed to fall of the great frequency of fatal accidents lately to be deplored. Those on railways really urgently demand attention, and their causes cannot be fully investigated without the suggestion of some preventive. It is remarkable that the evil is confined to Great Britain. In France the greater discipline and more careful administration, even more than the less speed and the want of excursion trains, is probably the reason that grave accidents there are all but unknown."

On the following day, Tuesday, September 25th, the business commenced in each of the Sections, each day's departmental discussions being preceded by the delivery of an address by the President of a Section, to the whole body of the members assembled in the City Hall. Lord Ebrington had undertaken the Presidency of the Department of Public Health (fourth department,) but unfortunately the ailing health of this amiable and talented man prevented him from filling that post. The chair was therefore occupied during each day by prominent members of the Section, Mr. Edwin Chadwick, C.B., Mr. Monteith, and Sir Charles Hastings. No Presidential address was delivered. On the above day, after preliminary matters had been settled by Dr. Edwin Lankester, F.R.S., the general Secretary of the Department, and Dr. M'Leod, the local Secretary, and Mr. Chadwick having taken the chair, the proceedings commenced by the reading of a long and elaborate paper, "On Some of the Causes of the High Rate of Mortality in Greenock, with an Account of their Origin, as well as the Measures which had been taken, and are still required, for their Abatement and Removal," by Dr. J. Wallace, Surgeon to the Infirmary, Greenock. This paper occupied upwards of an hour in reading. In the course of it, Dr. Wallace alluded to the high mortality of Greenock, one of the most unhealthy towns of Scotland, and in which for many years continued fevers have exercised a most malignant influence. He referred to extensive sanitary nuisances to which they might be traced, and showed that at the Infirmary alone, 12,360 cases of *fever* had been treated at a cost of £2 2*s.* 6*d.* each case; so that at this single institution, in fifty years, £30,000 had been expended in this one preventible disease. After a complete review of physical conditions, Dr. Wallace passed to the consideration of moral causes, and showed that there were large numbers of the inhabitants who had little or no conception of the necessity of cleanliness in the prevention of disease. The ignorance of the population as to rearing of children, their neglect, distrust, and delay in regard to medical aid, were next discussed, these causes telling mainly against children, of whom 271 died in Glasgow last year without medical attendance. Actual tampering with infantile life was deducible from the fact, that deaths from "premature birth" and "debility from birth" were more largely registered at Greenock than in other large towns. Dr. Wallace concluded by suggesting remedies: the extension of the Common Lodging Houses Act; compulsory powers of segregation in the treatment of contagious diseases; appointment of health officers, and diffusion of sanitary knowledge in the town.

Mr. David Smith, J. P., Glasgow, read a paper "On the Necessity for a Building Act for Large Towns."

Dr. W. T. Gairdner, F.R.C.P.E., read a paper "On Infantile Death-rates, in their bearing on Sanitary and Social Science."

Mr. W. J. Watson read a paper "On the Measures required for Improving the Low Parts of the City, and the Value of Model Lodging-houses."

Dr. Fraser read a paper "On the Excessive Infant Mortality occurring in Cities and Large Towns."

On Wednesday, the 26th, Mr. Monteith, of Carstairs, presided, and introduced Dr. Edwin Lankester, F.R.S., who read a paper "On the Results of recent Sanitary Legislation in the Metropolis." In the course of a very animated address, Dr. Lankester said that sanitary affairs were mainly entrusted to vestries, who could not easily be convinced that disease and death amongst the people were expensive things. He described the functions and uses of a medical officer of health and inspector of nuisances. The visitation of public buildings often showed dangerous defects; he had found such in the cells of the Marlborough-street Police-office. In the Burlington-arcade the death-rates had been 30 to 100, due to defective construction; but the roof had been raised, and a better state of ventilation introduced. One of the worst-drained houses in the metropolis was that of the Bishop of London, which he had recently visited during his absence, and made changes which he hoped would improve the Bishop's health. The prejudices against improvement interfered with progress: the people in the model lodging-houses pasted and papered over the ventilators. Wells needed careful examination. The Broad-street well had killed 500 people in three nights during the cholera epidemic; a huge cesspool had got mixed with the water, and the people, who drank it as a panacea, were killed by it. Dr. Lankester concluded by recommending to the notice of all the efforts of the Ladies' Sanitary Association of London.

The Chairman proposed that the Section should depart from their usual course, and admit questioning and discussion, that the effect of this admirable address might be fully felt.

Mr. Chadwick, Mr. Godwin, Dr. Gairdner, Mr. Washington Evans (America), and others took part in the conversation.

Mr. Monteith (the Chairman) then read a paper "On the Revival of the Roman Bath, and its Application to Sanitary Progress," by Mr. Erasmus Wilson, F.R.S. Three other papers followed, on the Drainage question.

On Thursday, the 27th, Mr. Chadwick presided. Professor Easton read a paper "On Poverty in Relation to Disease." He commenced by submitting as a postulate, that whatever depresses the vital force is either itself a direct cause of disease, or makes us more susceptible of disease and less able to withstand its attacks. Diseases of a special nature may arise amongst those not actually poor, but long deprived of any one essential element of food. In 1847 and 1858 many cases of scurvy were admitted into hospital amongst navvies stationed in unfrequented localities, and supplied on the ticket system with a diet (bread, ham, and coffee) which did not include "a shilling's worth of vegetables in a year." This was a matter calling for direct interference, as it admitted of direct remedy. Poverty was associated with uncleanliness, and this was an unquestion-

able source of disease. Then with regard to want of light, of space, and of fresh air: in the poorer districts of Glasgow the average space per individual was 90·5 cubic feet; in the British Army at home it is 1000 cubic feet, and for prisoners 800 cubic feet. Hence the pestilence which constantly broods over the wynds of Glasgow. Active local feeling has been stirred; and it may be hoped that vigorous legislation and careful humanity will introduce a better era.

Sir Charles Hastings, M.D., D.C.L., read a paper "On the Influence of Tobacco Smoking on the Public Health," strongly condemnatory of this deleterious practice. He appealed to the experience of medical practitioners to support him in the statement that tobacco-smoking is a frequent source of very distressing nervous and gastric complaints, which disappear on discontinuing the habit. Sir Charles Hastings called upon the Association to disseminate correct views of its influence on the system, and to awaken the people to a sense of the dangers which proceed from its present excessive use. He adverted with regret to the fact that it had been thought proper to provide a room for smoking for the members of that Association meeting to advance social science; and resumed his paper by certain conclusions adverse to the practice.

In the discussion which followed, Dr. Pritchard, Dr. Seaton, and Dr. Lankester vindicated the limited use of tobacco, condemning its excessive and precocious consumption.

Professor H. Henessey, F.R.S., next read a paper "On the Comparative Influence of Littoral and Inland Districts on Pulmonary Consumption; and on Climates in Relation to the Sanitary Condition of Large Towns."

Mr. W. T. Gowen, of Liverpool, read a paper "On Sanitary Reform, its Value and Limits; with Remarks on the Comparative Mortality of Urban and Rural Districts."

Mr. Newlands read a fully-illustrated paper "On Professional Sanitary Statistics in Liverpool."

On Friday, the 28th, Sir Charles Hastings presided. Mr. Chadwick read a paper "On the Pollution of Rivers and the Economy of Sewage," in which he defended the course adopted in London, at his recommendation, of emptying sewage from the houses into the Thames. His conclusions were, that in towns all refuse was fertilizing matter, and ought, if possible, to be turned to account in husbandry; but that it was preferable to incur the total loss of such refuse by emptying it into rivers, than to retain it, for occasional removal, till it became dangerous to health. He thought that the hope of disinfecting sewage had been abandoned.

As a curious comment upon these conclusions, the next was an elaborate paper "On the Means of Disinfecting Sewage," by Dr. R. Angus Smith and Mr. Alex. McDougall, in which a plan of disinfection by certain fluids containing carbonic acid was minutely described, its economical application to the town of Carlisle detailed, and the solution of the great problem of the effectual and remunerative disinfection of sewage announced.

Dr. G. H. Macleod read a paper "On a Sanitarium for the Sick Poor of Glasgow," advocating detached small buildings.

Mr. J. W. Adshead, of Manchester, read a paper on "Hospitals *v.* Convalescents."

Dr. M'Ghie read a paper "On the Cause and Prevention of Accidents in Glasgow."

Mr. Samuel M'Call read a paper "On the Improvement of the Public Health;" after which the Department finally adjourned.

ABSTRACTS OF INTRODUCTORY LECTURES AT THE PROVINCIAL MEDICAL SCHOOLS.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

THE introductory lecture was delivered by Dr. Gee on the 1st inst., Mr. Wilson, treasurer of the institution, presiding.

There was a time (said the lecturer), and that at no very distant period, when the school of medicine and the hospital were not so intimately allied as they are in the present day. But, happily, as knowledge increased, their interests were found to be identical; so that now in close connexion with the principal hospitals in the metropolis and provinces there are flourishing institutions for the education of medical students, with every facility afforded by the governors for the practical investigation of disease at the bedside of the patients. By this means the students are better equipped for their after destiny, and the hospitals furnished with staffs of medical officers of incomparably higher attainments. And, gentlemen, let me in the first place warn you that nothing but diligent and persevering study will secure you success. And I would urge you to the adoption of a systematic method of study. If any of you have formed bad habits, resolve to abandon them. If your associates tempt you to scenes of vice and dissipation, or if by their example a spirit of indolence or indifference to your legitimate pursuit—study—is engendered, by all means seek new and more profitable companions. Consider that you have a character to sustain and high responsibility resting upon you, and that you are setting a standard by which you will afterwards be judged. Let the dissecting room be your resort instead of the billiard-room, the hospital in place of the tavern, and the lecture-room in lieu of the theatre. You have all, I trust, mastered the rudiments, and some of you have made very creditable progress, as the distribution of prizes this day testifies. Go on perseveringly until you have completed the allotted term of study, when it is to be hoped you will have gained what your teachers and best friends desire,—namely, a thorough acquaintance with the principles and practice of your profession. It will be a disgrace, with the advantages offered and the extended curriculum now enforced, to have what is called completed your studies, and be after all no other than ignorant or incompetent practitioners. The lives and comfort of your fellow-men will be entrusted to your charge, under the impression that you are well qualified for the high functions of your office. Endeavour, then, to be in reality what you will be in name—doctors learned in your profession. I presume you have all finished your preliminary education; you have to a greater or less extent prosecuted classical studies, the science of numbers, and the other branches of what is termed a liberal education. Endeavour by daily reading to keep up your knowledge of classics and mathematics; a small portion of each day will suffice for this object. You will henceforward have to study natural science. A knowledge of botany, chemistry, and the general principles of natural history will be indispensable. From the vegetable kingdom a large proportion of our therapeutical agents is procured; and by the science of chemistry almost every element in nature has been laid under tribute, and remedies discovered from the most unlikely sources. Moreover, an intimate knowledge of botany will materially assist in your investigations into the minute tissues of the human frame; and chemistry will be of essential service in the departments of physiology, pathology, and toxicology. Anatomy and physiology must claim a large share of your time during the first two years of your course, for you should become familiar by dissection with every portion of the body, and ascertain the use or function of each part. Having made yourselves acquainted with the organs of the body in their normal condition, and the processes by which life and health are preserved, you will then be prepared to commence the study of diseased organs and functions, and learn to recognise the lesions and transformations of tissue produced by disease.

After some general observations on the mode of pursuing their studies, Dr. Gee concluded with the following observations:—Act like gentlemen; be courteous and kind, and render assistance to each other whenever you have opportunity. Having urged upon you the discipline of the mind, let me here advise you with all your learning to learn to discipline the heart. Devote some portion of each day to the study of God's Word, and let His Sabbath be a day of rest to you from the toil of scientific study, and be devoted to the high purpose for which it was beneficently given. You will soon be entering on a sphere of new and more weighty responsibility. What will be your reward? I cannot hold out the hope that you will retire with large fortunes, or that your worldly positions will be such as to call forth the envy of your neighbours. You will probably not be invested with honours or distinctions, and will, moreover, have frequently to undergo much unremunerative fatigue and anxiety; but, notwithstanding all this, you will possess the higher satisfaction of having done what you could for the relief of human suffering, and you will be sure of a reward far more exalted and enduring than the wealth and honours gained by many more lucrative pursuits.

At the close of the lecture, the Chairman briefly addressed the students, congratulating them on the choice they had made of a profession, and urging them by their good conduct to uphold the character of the institution. He then proceeded to distribute the prizes awarded during the past session. The first prize was a scholarship gold medal, awarded after an examination in every subject taught in the school, and to the possession of which is attached the privilege of six months' free residence

in the Royal Infirmary. This prize was gained by Mr. Jasper Capper, who had obtained a larger number of marks in almost every department than had ever been obtained before. Rev. J. B. Monk's Prize: Mr. F. W. Ricketts. The other prizes were as follows:—Surgery: Silver Medal, Mr. Capper; Certificates, Mr. Ricketts and Mr. Sheldon.—Medicine: Book Prize, Mr. Thornburn and Mr. John K. Kenyon (equal).—Anatomy and Physiology (Senior Class): Medal, Mr. Capper; Certificates, Mr. Ricketts and Mr. Thornburn.—Anatomy and Physiology (Junior Class): Medal, Mr. G. B. V. Nash; Certificates, Mr. George S. Kenyon and Mr. Jackson.—Chemistry: Medal, Mr. Thomas Bird; Certificate, Mr. Johnstone.—Midwifery: Medal, Mr. George S. Kenyon; Certificate, Mr. John K. Kenyon.—Materia Medica: Medal, Mr. George S. Kenyon; Certificate, Mr. John K. Kenyon.—Botany: Book Prize, Mr. R. Lupton; Book Prize for Herbarium, Mr. Isaac Thompson; Certificate of Honour for ditto, Mr. William Cross.—Practical Chemistry: Book Prize, Mr. John Eaton. The whole of the prizes having been distributed, thanks were voted to Dr. Gee and to the chairman.

MANCHESTER ROYAL SCHOOL OF MEDICINE AND SURGERY.

ON the 1st inst. the inaugural address was delivered by Mr. Edward Lund, who said it was his intention chiefly to address the new students, observing that they must not seek to enter the profession from mercenary or pecuniary inducements; for the anxiety and ceaseless toil exacted from its members were but very inadequately remunerated. One of the most important attractions of their study was the entire absence of monotony, through the great variety of subjects embraced, as would be seen from a glance over the curricula sketched out for their guidance by the various examining bodies. Firstly, there was the question of a general preliminary education—that debatable point which, until within the last few years, was not insisted upon—until recently was merely voluntary, and was only just made compulsory. It included no more than that amount of mental training which should be comprised in the general term "education," as now received, but which was too often confounded, and assumed to be identical, with instruction. Until lately, students had allowed themselves to become the victims of this error. They had been instructed in certain knowledge, or assemblage of facts, but they had not been educated therein; they had not been taught to take in knowledge as the body would take in food—to submit it to a sort of mental digestion, to assimilate it, and then to give it back again, not as received, but in some new form, and thus to indicate a capacity for utilizing what was learned, and adapting the knowledge of the past to the ever-varying exigencies of the present. The proficiency of the student should be tested in English, classics, and mathematics, which might be regarded as subjects exoteric to his profession; but the importance of the study of the modern languages was that to which he was chiefly anxious to direct attention. French and German he would especially name, and the latter perhaps more than the former, for two reasons: one, because the German language was generally less thought of in private education; the other, because it was in the writings of the Germans that they observed more of originality, more inexhaustibility of subjects, than in those of the French, who seemed rather to deal with the passing events of the day than with deep research and accumulated experience. In botany, in elementary and practical chemistry, in materia medica, and in natural philosophy generally, they would find much to interest and prepare them to enter upon those other subjects of special study laid down for their pursuit. They must interrogate nature for themselves, if they wished to make sure progress, and to fix indelibly on their minds the truths which science had to teach. It was desirable to have some acquaintance with practical mechanics. A little knowledge from the carpenter would often serve them well when they became surgeons. Drawing, particularly sketching from nature, should not be overlooked, in order that the eye might be trained to detect irregularities in form and size which, in the human body, would often be found to be the first indications of disease. Music also might be added, a knowledge of sounds being of great use in all stethoscopic explorations.

Anatomy was the first, and might almost be said to be the chief, special study to which their attention must be given; and next, as intimately connected with it, came physiology. Dissecting should always be regarded as a study. The mere mechanical operation would serve but little; the grand fact of anatomy being only acquired by close thought over what the student saw before him. It would be of great advantage to possess some knowledge of natural history and comparative anatomy, which would form a fitting introduction to that of human anatomy. The phenomena referable to surgery might generally be regarded as belonging to deranged anatomy; those of medicine to disordered physiology. Applied anatomy was anatomical knowledge rendered serviceable to all the details of practice; and to that they should chiefly look, not only in order to know the form and special structure of any part, but as the end or use of these as far as they were discovered. On their second year of study they would have to enter upon the subjects of medicine, surgery, and midwifery—the three great divisions which existed in the profession. And while they were students it was better that they should treat these subjects as all equally deserving of attention, than that they should follow any one of them to the neglect of the others. It was far better to pass from the general to the special, than in the contrary direction. He would urge them to observe most carefully ordinary rather than extraordinary cases. Students of all ages were too apt to be caught by wonderful, out-of-the-way operations, and by obscure, doubtful, or exceptional diseases, rather than by the common and slighter forms of ailment, in the treatment of which there was so much to learn. Experience could only be gained by constant observation in actual practice, either at an hospital, or amongst private patients. But there was this difference: in hospitals, the diseases would generally be found to have attained some considerable hold upon the constitution before the patient applied for aid; while, in private practice, there was a much better chance of seeing disease in its earliest stage—the only period at which many serious maladies could be arrested. If the apprenticeship system were ever to be entirely abolished,—as, perhaps, some day might be the case,—it had occurred to him that much good would arise by an attempt to establish in the general practice of medicine a system of medical curacies, in many respects analogous to similar appointments amongst the clergy. Let it be understood that after a young man had obtained his degrees, and before he could be placed on the register to practise on his own responsibility, he must bring proof that he had occupied for two years or longer some situation where he had acted as an assistant or deputy to a senior practitioner, including, of course, in these medical curacies all such appointments as resident house surgeoncies to public institutions, &c., now found so useful.

Mr. Lund concluded, amidst hearty applause, with some observations referring to the treatment which medical men should extend to each other.

Correspondence.

"Audi alteram partem."

HOMŒOPATHY AND THE GUERNSEY MILITIA.

To the Editor of THE LANCET.

SIR,—On my return to this island, on Tuesday last, from leave of absence, the accompanying article from THE LANCET of the 15th ultimo, was placed in my hands, wherein, to my astonishment, I saw that the Militia of Guernsey, of which I am adjutant-general, was described as being in a state of mutiny. As this article is a gross perversion of facts, and full of misrepresentations, I have to request that you will rectify the statement in your next issue.

To show you the *real* feeling which exists in the island relative to the question upon which you have so long and erroneously commented, I enclose an article from the *Guernsey Star* newspaper of the 29th ultimo, which will enable you to form a just and correct estimate of the truth or falsehood of the statement published by you.

I am, Sir, your obedient servant,

EDW. J WHITE, *Colonel*,
Adjutant-General Royal Guernsey Militia.

Government-office, Guernsey, Oct. 4th, 1860.

"To the Editor of the Guernsey Star.

"SIR,—The controversy between Allopath and Homœopath—between blue-pill-and-black-draught, on the one hand, and

globule, on the other,—which the Guernsey public have from its outbreak looked upon with provoking unconcern, and which it was hoped would no more occupy the columns of the *Star* to the exclusion of interesting matter, has unfortunately reappeared with increased virulence; and an attempt is now made (whether honourably or otherwise let every honest man determine) to make it assume a phase which it behoves every loyal Guernseyman, and those citizens who are militiamen in particular, forthwith to unmask. Let professional gentlemen quarrel as they will amongst themselves; but if, with a view to gain their ends—if, in order to influence the Home-office, with whom the decision of the case rests—they claim us as parties to their disputes, and in so doing unscrupulously misrepresent both our actions and our sentiments; and if they dare even to peril our reputation for good sense, sound judgment, and intelligent loyalty, by imputing to us conduct which we should repudiate, and feelings we have never entertained, let us, like men who respect themselves and love fair play and truth, resent the insidious proceeding by a manly exposure of the deception attempted to be practised at our expense upon the Home Government.

"You will perceive, Mr. Editor, that I refer to the article from THE LANCET, headed 'Mutiny in Guernsey,' inserted in your last number. It is admitted by one of your professional correspondents—'Tsetse'—that 'the surgeons have kept the editors of the London medical press well informed of what was passing here, both by means of the local papers, and of personal communications.' Well, Sir, THE LANCET—being thus 'well informed'—wickedly represents the Lieutenant-Governor as the counterpart of the despot who crushes the liberties of France—as one 'bent on imitating upon a small scale, and with curiously infelicitous accompaniments, the autocratic pleasures' of Napoleon III., and 'curiously caricaturing Gallic precedents.'

"It further tells us that 'the good sense of the [Guernsey] press, and the civil public, being outraged by the injustice and want of sense characteristic of the whole proceeding' [that is, the medical quarrel], 'the Lieutenant-Governor absents himself for a time from his command;' in plain language, the Lieutenant-Governor, finding Guernsey too hot for him, leaves the island to escape the manifestations of outraged feeling which would greet him at every step on the part of the inhabitants, in consequence of his having placed a homœopathist upon the Militia staff!

"It is then asserted that 'the triumph of General Slade in compelling the militia surgeons to do duty under protest and after resignation was sorely marred by the insubordination of a company of riflemen, who refused to serve as a guard of honour to Lieutenant-Governor on his way to dinner;' thus proclaiming, contrary to notorious fact, *insubordination* and *mutiny* in the militia, and making that militia to be partizans on their side in the dispute.

"We then have the statement that 'these recalcitrants [the riflemen] have been forthwith punished by degradation in another battalion,'—of course, as all readers out of the island would conclude, and as without doubt it was intended they should conclude, by order of the Lieutenant-Governor. And that there may be no mistake upon this point, it is further asserted that General Slade 'drives the *élite* of his soldiers into a state closely bordering upon open mutiny.'

"And this tissue of wicked misrepresentation and untruth is winded up with the impudent remark,—'Surely it is time that General Slade sent in his resignation.'

"Now, Mr. Editor, I only aver what everybody in Guernsey knows, and what you, Sir, I should think, will not refuse to admit,—that it is not true that public feeling has been in any way outraged by the appointment of a homœopathist to the medical staff. Beyond letters, evidently from the profession, inserted in the local papers, there has been no manifestation whatever of public feeling on the subject. Indeed, the fact of no step having been taken, or proposed, or it may be said dreamt of, either by the public or the orthodox professionals, for the revocation of the licence granted by the Royal Court under which the homœopathist practises, proves most conclusively the non-existence of any public interest in the matter. To represent, therefore, the Lieutenant-Governor's summer tour upon the Continent as a fleeing away to avoid the outraged feelings of the inhabitants, is as gross a calumny upon the inhabitants as it is a gratuitous insult to the Lieutenant-Governor.

"And, pray, what has General Slade done to warrant his being compared, 'upon a small scale,' to the despot who gags the press, stifles public opinion, deports his subjects, and keeps all Europe in a state of alarm? What law or constitutional principle has General Slade violated? with what local institution has he interfered? what differences, upon any subject, has he ever had with the States, the Royal Court, the Douzaines, or even the Harbour Committee? In what instance has he ever hesitated to further their wishes? These are questions which it behoves the informants of THE LANCET categorically to answer.

"But the militia? The militia indeed! What single measure has General Slade adopted in relation to the militia that has given otherwise than universal satisfaction? He has armed them with the Enfield rifle, wherewith to defend their homesteads; he has, in addition to the linen trousers, which up to his time were the only kind allowed to the militia, procured them cloth ones; and he has obtained for them, what they never had before, overcoats to protect their persons against wet and cold—articles of clothing these which have saved scores of them from colds and rheums, which they would otherwise have suffered from by reason of exposure to the wet and constantly-changing weather during the drills of the past summer.

"As to the medical dispute, the militia have no concern in it. Which of the 2500 men composing it was ever, when sick, attended by a medical surgeon? They know that the only service due to them by the militia surgeons is to attend them if injured in the actual performance of militia duty—a case which happens, upon an average, about once in ten years to one man out of the whole force; and if they will look into the States' accounts they will learn, what I opine few of them know, that for this medical attendance the surgeons are paid out of the public purse.*

"But look, it may be said, at the conduct of the rifle company—look at its *insubordination* and *mutiny*? Say, rather, at what THE LANCET has wickedly so denominated. It has woefully misrepresented the conduct of the militia, and in so doing it has committed a flagrant injustice towards the citizens who compose it. It is utterly untrue that there was any insubordination, or that the rifle company 'refused to serve as a guard of honour.' Absence from militia duty is not insubordination. Any militiaman may stay at home if he chooses to pay the fine imposed by the law, and wet and stormy weather is understood to exempt from attendance. The evening of the banquet was unusually wet and stormy; yet upwards of fifty men of the rifle company turned out, and in the most exemplary and soldierlike manner performed the duties of a guard of honour. Some, it is true, absented themselves, alleging the state of the weather,—and about fifteen honestly avowed that they did so, because, being civilians and not soldiers, and bound to the performance of militia duty only as defined by law, they regarded the order from their officers—civilians like themselves, and some of them of no higher social status—to stand as a guard of honour at the door of their banquet hall, as a degradation to which they could not submit. They felt that their officers were not feudal lords, nor themselves vassals or retainers to grace festive ceremonies. The feeling had no more connexion with the medical dispute than with the doings of the man in the moon. Neither had it any reference to the Lieutenant-Governor. It was, on the contrary, regretted that the circumstances of the case were such as to allow of its being misconstrued and perverted into a want of respect for him. And so, as the article in THE LANCET proves, it has been perverted.

"The insinuation that the recalcitrants were degraded by the Lieut.-Governor is equally false. The Lieut.-Governor, on the contrary, very soon after the removal of the fifteen riflemen to the battalion companies, issued an order unmistakably showing that he had been no party to the act,—and he, in a few days, followed up that order by an intercessory letter to the Colonel of the regiment, expressive of his 'deep regret that any unpleasant feelings should have arisen' out of the banquet,—of his desire 'that no militiaman should have to look back to that day with any feelings but those of satisfaction,'—and intimating a hope 'that the acts of all those who erred upon that occasion might be overlooked and buried in oblivion;'—and the Colonel, concurring in the Lieutenant-Governor's views, reinstated the recalcitrants in their former position.

"Now the question that arises out of what precedes is this: Upon whose information—upon whose authority—did THE LANCET publish the statements I have impugned? I have designated those statements by the harsh terms of false and wicked. I have done so advisedly, for that is their only befitting designation. The militia surgeons of this island I am bound to regard and esteem as an honourable body of men, incapable of originating those statements,—gentlemen who

* Case of John Washington.

would themselves brand with infamy every palpable deviation from truth in matters of fact,—and who would scorn to fight a merely professional battle by interposing an unwilling community between themselves and their foes, to the manifest endangerment of that community's political reputation.

"Is it possible that some one of them should have done it? I am unwilling to believe it. These gentlemen indeed admit that they have kept the editors of the London medical papers 'well informed of what was passing here;' but I cannot bring myself to believe that they have given any information that was otherwise than conformable to truth. I must, therefore, leave the shame of the statements in THE LANCET to some unknown individual, who, by his distortion of the case, has not only calumniated the Lieutenant-Governor, the inhabitants, and the militia, but brought suspicion on the militia surgeons themselves.

"Sept. 27." "FIAT JUSTITIA.

*** We insert this lengthy diatribe that Colonel White may have the full benefit of his friend's advocacy. "Absence from duty" may not imply "insubordination" in the Guernsey Militia, and the punishment by "removal" of the "fifteen recalcitrants" may have been intended as a reward for good conduct. With this, however, we have nothing to do, and we are well content to accept this statement in whatever terms conveyed. General Slade's reference to the "loud clamours, crafty cabal, and powerful press," which could not induce him to swerve, answer sufficiently the assertion that the appointment of a homœopathist to act as militia surgeon is regarded there with equanimity. This unjustifiable proceeding, followed by the resignation of the ten militia surgeons, was an outrage upon the feelings of the medical department of that body and the medical profession in England. We repeat our emphatic disapproval of the appointment, and applaud the dignified attitude of the surgeons who resigned. The letter is characterized by a tone of violent irritation and by terms of personal abuse, which by no means argue a strong cause, and do not benefit a weak one. Our comments were founded entirely upon the statements which have appeared in the public press.—ED. L.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—The publication of a letter bearing my signature, in the "Notices to Correspondents" of your number for the 29th ultimo, was not sanctioned by me. That letter was written in answer to inquiries respecting the Report of the Committee on Education of the Medical Council, and with reference to certain particular cases. But it has been referred by some of your readers to cases to which it was not intended to apply.

As to all particulars relating to general and professional studies and examinations, I am in the habit of referring students or other inquirers to the examining and qualifying bodies,—i. e., bodies named in Schedule (A) of the Medical Act,—by which the student in each case is to be registered.

As I should be glad to be relieved from inquiries on these subjects, which have been occasioned, or at least greatly increased in number, by the unauthorized publication of the letter above mentioned, I shall be obliged by your publishing also the letter which I now address to you.

I am, Sir, your obedient servant,

Medical Registration Office, 32, Soho-square, London, October 9th, 1860. FRANCIS HAWKINS.

*** As Dr. Hawkins' letter, published in THE LANCET of Sept. 29th, contained information of the greatest importance to students, we cannot think that Dr. Hawkins need regret its publication. It is difficult to understand how that letter can be supposed to refer to "cases to which it was not intended to apply." To us nothing can be clearer or more definite than the statements it contains. If the Medical Council impose conditions upon, or make laws for, medical students, they should, if these be uncertain or doubtful, furnish information respecting them. If it be not the duty of Dr. Hawkins to reply to questions bearing upon the "regulations" of the Council, we should be glad to know to whom inquiries ought to be addressed.—ED. L.

OBSTETRIC STATISTICS.

To the Editor of THE LANCET.

SIR,—The following cases are copied from the records of 5026 cases of midwifery attended by myself:—

Face presentations—7 cases: 5 born alive; 2 dead.

Face towards the pubes—20 cases: 14 born alive.

Hand with head—3 cases: 2 born alive; 1 dead.

Shoulder presentation—3 cases: all dead born. Version performed.

Hand and arm—23 cases: 11 dead born; 12 alive. Version performed in 21 cases. One child decomposed, and not requiring version; in the other, turning was impracticable. In the former case the mother was under the care of a midwife; she was semi-collapsed when I arrived, and died in the course of a few hours. One death to mother (delivered).

Breech cases—66 cases: 48 born alive; 18 dead. One death to the mother (delivered).

Prolapsus of funis—22 cases: 10 funis and head, 4 born alive, 6 dead; 1 funis hand and head, born dead; 2 funis and breech, both dead; 5 funis and feet, 1 alive, 4 dead; 4 funis and hand, all four alive.

Footling cases—62 cases; 33 children born alive; 29 dead.

Placenta prævia—9 cases: 6 females, did well; the remaining 3 were delivered, but died from subsequent exhaustion.

Forceps—32 cases: 19 born alive; 13 dead. All the mothers did well.

Craniotomy—14 cases: 1 face presentation; 3 funis and vertex (pulsation in funis having ceased); 1 convulsions; 9 vertex cases. Two of these females died soon after delivery, and a third lived five days. Three deaths to the mothers.

Puerperal convulsions—18 cases: 15 did well; 3 died.

Plurality of children—72 cases (two distinct membranous sacs in each case): 16 cases of distinct placentæ; 56 in which there was one large placenta. All the females did well.

Hydatids—1 case.

Acephaloid—2 cases.

Congenital encephalocele—1 case, dead born.

2 cases in which the children were converted into a saponaceous or adipocerous substance, and apparently about the sixth month (previously reported in THE LANCET).

1 case, deficiency of one arm.

Imperforate anus—1 case.

Hare-lip and cleft palate—3 cases.

Spina bifida—3 cases.

2 children born with three incisor teeth.

1 case, os occipitis three parts deficient.

1 case, in which the whole of the frontal and part of the parietal bones were deficient.

1 case, in which the hymen was unruptured. After much difficulty I succeeded in introducing my forefinger, and discovered the os uteri dilated, the head presenting naturally; a full dose of ergot quickly terminated the case. She did well.

I remain, Sir, yours, &c.,

1860. T. T. SMART, L.R.C.P. Edin.

CLINICAL INSTRUCTION.

To the Editor of THE LANCET.

SIR,—I was very glad indeed to find attention drawn in your influential journal to the inefficient state of clinical teaching as existing at present in the medical schools. To me it seems strange that a branch of medical education which should claim priority of attention should be so utterly ignored. I sincerely hope that you will persevere in drawing attention to this deficiency, and that the question will receive the serious consideration it deserves.

I am, Sir, your obedient servant,

Oct. 1860. CANTAB.

GARIBALDI'S ARMY.

(FROM OUR SPECIAL CORRESPONDENT.)

I SHOULD have written you an account at least of the battle of Reggio, but you can form no conception of the life in Garibaldi's camp. When he asked me to become the surgeon of his staff, he told me indeed, "My life is nomadic, but we shall try to make you comfortable;" but I found it rather worse than nomadic. It is complete wear and tear of the constitution; there is no breathing time at all. He sets out at any time of the night, on horseback or in carriage, as the case may require,

in company with one or two officers who happen to be on the alert, leaving his staff and army behind; and the next day we hear that he gave battle to the enemy and took an important town, or that he disarmed 4000 Neapolitans; and we are left to shift for ourselves every one the best way he can. In such a predicament did we find ourselves in the Palazzo Reale of Messina on the 20th ult. The General went, quite alone, in a small steamer to reconnoitre near the coast of Calabria. On his arrival there he found some tempting spot near Reggio to land an army. He effected the disembarkation of Biccio's division, which was at hand, and marched upon the town. On the morning of the 21st, when I heard that there was some engagement to take place at Reggio, I left in a small boat for the scene of action, in company with two staff officers and the General's private secretary, all dressed *en bourgeois*. We arrived in the very heat of the contest. One of the officers had just time to get his arm wounded. Garibaldi was in his glory, rushing in front of the Bersaglieras, waving his handkerchief, and animating them with shouts of "Viva l'Italia, avanti!" whilst shells and balls were flying like a hailstorm round him, which only tore his hat in two pieces. After that battle, we had 35 wounded and 12 killed. Immediately after the engagement the General called me in, and gave me orders to look after the wounded and the hospital accommodation. We obtained, or rather we took, the College, which is a large building with eight commodious halls, just as if intended for hospital wards. There were some cases which called for immediate relief; and amongst others one of contusion of the lumbar vertebræ. The patient was raging with agony, tearing the bedclothes, and suffered excruciating pain on the slightest touch or movement. It was thought that some serious injury had been done to the spinal cord, or that there was effusion into its membranes; but after the exhibition of opium and extract of belladonna, two grains each, and the local application of the latter drug, he passed a quiet night, and I found him calm the following morning, though considerable tumefaction still existed at the site of injury. I always resort to belladonna, (after the example of my teacher, Prof. Trousseau,) in both medical and surgical cases, where the nervous system is implicated, and I have found it render me important services. We had only four cases of amputation the same morning, and one of disarticulation of the hip-joint.

There was also a case of gun-shot wound implicating the left knee-joint. The patient was a private gentleman belonging to the aristocracy of Reggio. The ball entered above the patella, injured slightly the head of the tibia, and then made its exit at the internal aspect of the leg, just about the point of insertion of the gracilis and semitendinosus. A consultation was held. Some insisted upon immediate removal of the limb, others upon temporizing. I gave the casting vote in favour of the latter, and suggested that, in case of an operation being ultimately necessary, resection of the knee-joint should be had recourse to. I have heard since my arrival here that the gentleman is going on favourably.

At the Villa St. Giovanni we had a few slightly wounded and two killed. In one a ball entered at the frontal region and made its exit at the occiput; skull fractured on both sides, cerebral substance protruding; cold, clammy perspirations; pupils dilated; stertorous breathing at first, then altogether abdominal. The functions of organic life continued from eight A.M. (the hour of the accident) until four P.M.

On Sept. 19th there was an important engagement near Santa Maria, between Eber's division and the Neapolitan army of Capua. We gained Cajazzo during that demonstration, but it cost us very dearly. We have about 120 wounded, of whom 80 were in the hospitals of Caserta and Santa Maria the first day after the battle; now there remain only 46. Four amputations have been performed—one arm, one hip, two legs. The most notable cases are: That of Baron Cozze, of Palermo, lieutenant of Turr's staff, who went to carry off a wounded soldier lying on the field, and whilst carrying him was struck by a piece of shell, which entered at the lower third of the left thigh behind, fracturing the femur about the middle, and making its exit rather below the inguinal region. He is going on favourably, and his limb may escape amputation, though the fracture is comminuted, and a piece of bone came away by the opening. There is one who had his left eye knocked out by a ball, which entered at the superior posterior angle of the neck, and came out at the internal angle of the eye, fracturing the os unguis and spinous process of the nasal bone. The humours escaped, and the stump of the eye was in a state of suppuration. There are broken jaws, and other casualties of less moment.

On the 21st, Cajazzo was retaken by the Neapolitans, who left us no wounded, as it is said by eye-witnesses that they burned all our wounded, and committed some acts of cruelty upon our prisoners. When you read the reports in the newspapers about the Vandalism of Bomba's soldiers, you must bear in mind that here we can never believe what people say. There are the most ridiculous and contradictory stories in daily circulation, which no man of sense would ever listen to. A French lady, who yesterday returned from Capua, and who visited Captain Catabene, who took Cajazzo on the 19th, and who is now a prisoner with several others, assures me that they are *very well treated* by the Neapolitans.

However, I have seen some horrid cases of cruelty and cannibalism in the province of Avellino. I was sent there to take charge of about 100 wounded, who were reported to be without the assistance of a surgeon; but I found only a dozen of them alive, the rest having all been massacred by the Bourbon agents and hired assassins of the province. That was a sight which I shall never forget; but as I have reported the case elsewhere, I need only mention that all the patients were doing well, except an old man, aged seventy-three, who had sustained a cut upon the scalp, gun-shot wound at the pectoral muscles, which did not penetrate into the thoracic cavity, and another gun-shot wound, penetrating the left shoulder-joint. I have, notwithstanding, given a favourable prognosis, and he is making rapid progress towards recovery.

Naples, September 28th, 1860.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

October 4th, 1860.

Bride, John Godfrey, Saxmundham, Suffolk.
Jennings, Robert, Pontypridd, Wales.
Milson, Richard Henry, London.

The following gentlemen also on the same day passed their first examination:—

Bond, Charles Radcliffe, Catherine-place, Greenwich.
Olive, Edward, Hillingly, Sussex.

PATHOLOGICAL SOCIETY OF LONDON.—The first meeting of this Society will be held at the Rooms, 53, Berners-street, on Tuesday evening, the 16th inst., at eight o'clock precisely.

METROPOLITAN SCHOOL OF DENTAL SCIENCE. — The second winter session of this institution commenced on Wednesday last, the introductory lecture being delivered by Mr. Hulme, M.R.C.S., and Professor of Dental Surgery in the School. There was a numerous attendance.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.—At the first annual meeting of this Association, there were 24 papers presented in the department of Public Health; at the second there were 13 papers; at the third, 19; and at the fourth and last, we believe 26 papers were presented.

THE GENERAL HOSPITAL AT SHORNCLIFFE.—The repairs of this hospital, says the *Army and Navy Gazette*, are still protracted, and it will be winter before the invalids in the camp are accommodated in their own quarters once more. Of course nobody is to blame for the delay that has taken place, but all engaged in the hospital, from the inspector downwards, have suffered from the inconvenience thereby occasioned.

ANOTHER HARMLESS INGURGITATION OF A WHOLE HOMŒOPATHIC PHARMACY.—The children of an inhabitant of Erfurth, in Germany, having discovered their father's homœopathic pharmacy, swallowed all the globules of opium, arsenic, belladonna, &c., without the least unpleasant effects.

THE USE OF TOBACCO IN INDIA.—The "Indian Lancet" of February last states that the native prisoners of the Punjab, Madras, and Bengal, were prohibited from smoking by the authorities, and that three months after the order had been carried out no evil consequences had arisen from this sudden deprivation.

AN OPERATION UPON AN OPERATOR.—M. Stackler enjoyed great reputation at Mulhouse, in France, as a cool and skilful operator, and also as the author of several talented medical works. M. Stackler, unfortunately, suffered from a fibrous tumour of the rectum, and underwent the operation for artificial anus, soon after which he died of consecutive peritonitis.

THE LAST SUMMER IN RUSSIA.—The summer has been very warm at St. Petersburg, the heat having been greater than during the hot summers of 1832 and 1858. This presents a rather striking contrast with the severe weather which has prevailed in Central Europe.

CERTIFICATES OF DEATH IN SCOTLAND.—Last week, a deputation of the Glasgow Faculty of Medicine, composed of Dr. Scanlan, Dr. W. E. C. Clark, Dr. Donaldson, Dr. M'Carron, and Mr. Walker, met Lord Brougham by appointment at Glasgow, and brought under his Lordship's notice the objections entertained by them to the system practised in Scotland to procure certificates of the causes of death from medical practitioners; and Mr. Walker offered a few remarks on a plan which, if substituted for the present defective system, would be considered by the Faculty as satisfactory. After some conversation, his Lordship said that the better course would be for him to have a conference with the Chancellor of the Exchequer on the subject. Mr. Gladstone had engaged to visit him at Brougham at the end of October, when the matter would be gone into, after which he would advise the Faculty how to proceed.

CHURCH-LANE A CHURCHYARD.—In the fifth report of sanitary progress of the National Philanthropic Association, it is stated that of 100 children born in Church-lane, 31 die before the first year; in the whole of St. Giles's, 28; Lambeth, 20; City of London, 19; Islington, 16. Out of 100 children living at one year and under two, there die in Church-lane 46; St. Giles's, 15; Lambeth, 10; City of London, 12; Islington, 7. The report adds that it will be seen that, while only 7 in 100 die in Islington from one to two years, 46 die in Church-lane, which should be called Church-yard rather than Church-lane.

MR. SANDS COX.—The report of a commission appointed by the Société de Chirurgie of Paris to examine a treatise by Mr. Sands Cox, "On Amputation of the Thigh at the Hip-joint" (with a successful case), and which was published by that gentleman in 1845, has just been issued. It enters fully into the merit of Mr. Cox's publication, and bears ample testimony to his professional ability and research. The recommendation with which the commission close their report, that Mr. Cox be elected a corresponding member of the Society, was unanimously adopted. The report was read to the Society by Baron Larrey, surgeon to the Emperor, and son of the famous Baron Larrey.—*Birmingham Gazette.*

CIVILIZATION IN AFRICA. — A meeting was held in Glasgow on Wednesday last, to hear an address from Dr. Delaney, a negro physician and surgeon, who has recently returned from the west coast of Africa, relative to the condition of that country as offering a field for the introduction of commerce, and to assist in the extinction of slavery in that country. Henry Dunlop, Esq., presided, and introduced Dr. Delaney, who stated that he had been despatched from Chatham, in Canada, by a convention of blacks, assembled there, to examine into the condition of Africa, and to report what was the best means of carrying out their object. He asked the sympathy of the people of this country in this great undertaking, and their moneyed support. A committee was appointed to assist Dr. Delaney in his philanthropic efforts.—*Caledonian Mercury.*

THE INDIAN MEDICAL SERVICE.—We extract the following important article from the *Madras Daily News and Spectator* of July 13th:—"We understand that the few candidates presenting themselves to compete for medical appointments in the Indian Army, has roused the Secretary of State for India to inquire of the Local Governments, or Governors, why this branch of her Majesty's service has become so unpopular with the public, that only eleven competitors presented themselves to fill forty-three vacancies lately announced to exist in the Bengal, Madras, and Bombay Presidencies. It is whispered, too, in well-informed circles, that an able and talented medical officer at the Presidency, has been requested to report upon the very important subject—'Why young medical men decline to enter the Indian service?' A lucid report will, doubtless, be furnished by the learned officer consulted; nevertheless, we question if any medical officer or officers at the Presidency, however able he or they may be, can fairly and honestly represent the grievances under which the junior members of the Indian medical service labour. And we would impress upon the authorities the danger of relying upon the report or representation of any single officer on the Presidency staff, as he cannot possibly furnish a reliable statement. Few of those either have any grievances to complain of, they having been bountifully provided for the day they landed in India, and continue up to this day to receive the benefit of the State, though their varied talents are equal to any emergency, from the high office of Educational Inspector to the menial one of superintending the cleansing of a sewer, if a salary be only attached to the responsibility. If his Honour in Council really desires to ascertain the grievances of the service, and to furnish a trustworthy report, we recommend him not to call upon the junior medical staff at the Presidency, hardly one of whom has ever been beyond Presidency limit. Let the hard-working military surgeon be consulted, and the young and old assistant-surgeons who have been knocked about for years on active service and general duty on a miserable pittance. These are the officers who understand, and can faithfully represent, the grievances of the service, and feeling of its members; and it is the echo of their grievances in the halls and colleges of the United Kingdom to which the stoppage of the supply of medical men is to be attributed. Is a wretched pittance of 225 rupees at a half batta station, and 253 rupees at a full batta station, minus subscriptions to the Medical and Military Funds, sufficient to maintain a gentleman and family, almost certain to be separated from him in the local service, by a system of sending officers on general duty, although not in the home service? Added to this, the exigencies of the service necessitate a young man to be kept constantly on the move, and to bear his own travelling charges. Who can peruse these facts without perceiving a grievance? Is it not a grievance to be compelled by your covenant to contribute to a bankrupt institution (the Medical Retiring Fund) an amount equivalent, after seventeen years' service, to purchasing an annuity of £300 per annum, and only receive £100—perhaps not even that amount? Or if an unfortunate officer should by ill-health be compelled to retire one day before he has completed the regulated service, no money is refunded; the amount subscribed is lost to the poor man and his family. Government, although compelling officers to join these institutions, exercise no sort of surveillance over their management; hence the Medical Fund has become bankrupt, and her Majesty's Warrant having bestowed merely empty rank, the service has justly become unpopular."

CAMBRIDGE.—MEDICAL DEGREES.—The examinations for medical degrees in the present term will commence on Monday, Nov. 12th. Candidates will be required to satisfy the examiners in the following subjects:—Hippocrates: the 1st, 2nd, 3rd, and 4th sections of the Aphorisms. Aretæus: the first five chapters of the 2nd book of the "Causes and Symptoms of Acute Diseases." Celsus: the 2nd book. Candidates will have to produce their certificates before admission to examination.

The lectures connected with the study of Medicine for the ensuing year have been published.

The physicians will attend at the hospital on Mondays, Wednesdays, Thursdays, and Fridays, for medical instruction, at ten A.M.; and the surgeons on Tuesdays, Thursdays, and Saturdays, at eleven A.M., for surgical instruction.

In order to obtain certificates of attendance on the medical practice of the hospital, and also on the medical clinical lectures, pupils must have attended on the physicians' practice three times at least in each week during term time, inclusive of the clinical lecture; and for the certificate of attendance on the lectures on Clinical Surgery, attendance on the practice of the surgeons during three days in each week, inclusive of the clinical lecture, will be required.

Pupils are recommended to attend both the physicians' and the surgeons' practice concurrently, and the above regulations are made for the purpose of facilitating such attendance.

Attendance on the lectures on Botany, Chemistry, Materia Medica, Anatomy, Physiology, and Dissections, is recognised by the Royal College of Surgeons of England as one of the sessional courses required by the regulations of the council of that College.

Students entered to the practice of the hospital are admitted to the clinical lectures without additional fee.

THE NEW BLOCK PAVING FOR THE STREETS OF LONDON.—If we may judge from the repaving with wood of Lombard-street, Cornhill, Gracechurch-street, and other localities in the City, that material appears to be favourably regarded by bankers, shopkeepers, and others who prefer the absence of noise to that everlasting rattling of carriages over stone, which is not only most offensive to their auricular nerves, but which has the additional disadvantage of interrupting business, by rendering it difficult to hear at one side of a counter what is said at the other side. These streets are, consequently, being relaid with wood, notwithstanding its objectionable point of danger to horses, by its slipperiness in wet weather, and the fruitless endeavours to diminish that evil by repeated scatter-

ings of grit and small stones over its surface. These objections to wood and stone, when used separately, appear, however, to have been remedied by an improved system, by which both are combined in alternate rows. A specimen of this improvement has just been laid down at the east end of Lombard-street, at the suggestion of one of its wealthy occupants. Danger to horses is thus remedied, and as wood is a non-conductor of sound, the constant reverberation from stone-blocks, when in close contact, is also provided against. Wood having proved, by the tests it has undergone during the last quarter of a century, as capable of resisting heavy traffic as stone, there is no reason to believe that these materials, when thus placed in juxtaposition, would not be as effectual for that purpose conjointly as separately. An important step in the right direction has been thus taken for remedying some of the evils to which our streets have been recently subjected; there remains, however, one of still greater importance, resulting from the daily-increasing interruptions to traffic, which must necessarily follow a daily-increasing population. The crowding of omnibuses, cabs, and other carriages, in our leading thoroughfares, which renders it more difficult to get from one end of London to the other than to go ten times the distance by any of the railway lines which radiate from the metropolis, must be remedied. Terraces along the banks of the Thames, like those of Paris, Dublin, and other capitals, are talked of, and tramways for trains of tramway waggons, similar to those recently established with such success at Birkenhead, would prove most effectual. But with all our professional desire for improvements, innovations in those relating to our streets are still regarded by certain localities with as much ridicule as gas lighting and steam carriages were, within the memory of many of the present generation, until the force of public opinion, by the aid of the press, at length compelled their adoption. With these powerful aids, it is to be hoped the foregoing impediments to the traffic of this great commercial city will be also speedily removed.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 6TH.—In the week that ended last Saturday 1075 deaths were registered in London. Small-pox carried off 6 children, measles 52, scarlatina 52, diphtheria 12. There were 5 deaths from scarlatina in Islington East. Two widows died, one at the age of 99 years, the other at 102 years. A girl, aged three months, died of "erysipelas, a week after vaccination;" a boy, aged six weeks, of "gastric irritation from impure milk."—The births were: boys, 982; girls, 834.

QUARTERLY RETURN OF THE MORTALITY OF THE METROPOLIS.—In the thirteen weeks that ended on September 29th, 12,916 deaths were registered in London. That this mortality is relatively very low will be manifest when it is added that last quarter fewer persons died by 1150 than in the same period of 1856, fewer by 1343 than in 1857, fewer by 1429 than in 1858, and fewer by 3094 than in 1859. It will further be observed that, as the population has increased, the smallest number of deaths was obtained from the largest population. In consequence of the coldness of the summer, and the unusual quantity of rain, the diarrhœa that carries off many hundreds of young children at that season was comparatively idle. The mean temperature of the air in the quarter was 56·8°, which is five degrees less than the average of four corresponding quarters (1856-59), and six degrees less than it was in the same period of last year. In concurrence with this decrease of heat, the deaths from diarrhœa and cholera, which were 2920 in the same quarter of 1859, fell to 788 last quarter. Certain other epidemics visibly declined; for in the same periods small-pox numbered respectively 287 and 99; scarlatina 778 and 471; diphtheria 190 and 71; typhus 502 and 311; dysentery 104 and 28; and remittent fever 33 and 13. But several diseases in the same class (the zymotic) were more fatal; for, comparing still the summer quarters of 1859-60, measles rose from 230 to 579; whooping-cough from 243 to 350; rheumatism and rheumatic fever from 58 to 76. Instead of 172 infants who died in the summer of last year from want of breast milk, only 100 died last quarter; and instead of 69 from thrush, only 30. The greater coldness of the weather increased the mortality of pulmonary complaints; the deaths from bronchitis, which in four corresponding quarters ranged from 474 to 562, were in the quarter that has just passed 667; and those from pneumonia, which ranged from 377 to 581, were 606. Those from diseases of the heart also rose considerably, and were 610. From a review of the above results of the quarter it will be obvious that a great portion, if not the whole, of that improvement in the public health which is implied in a reduction of the total mortality has fallen to children, and these chiefly of tender age. Measles was considerably more fatal in the Eastern group of districts than in any other of the five divisions.

BOOKS ETC. RECEIVED.

Dr. Barker on the Climate of Worthing.
Mr. Baxter on Organic Polarity.
Fresenius' Quantitative Chemical Analysis, edited by Mr. Lloyd Bullock.
Dr. Mayne's Expository Lexicon.
Dr. Wynter on the Curiosities of Civilization.
Dr. Bright's Clinical Memoirs on Abdominal Tumours.
Mr. Acton on the Urinary Organs.
Dr. A. Buez on Cancer.
Dr. G. Bird and Mr. Brooke's Manual of Natural Philosophy.
Mr. W. Adams on the Reparative Process of Human Tendons.
A Year Book of Medicine and Surgery, 1859.
Official Documents in the Case of Ann Pratt.
North American Medico-Chirurgical Review.
Ure's Dictionary.
Westminster Review.
Psychological Journal.
Guy's Hospital Reports.
Journal de la Physiologie.
British Journal of Dental Science.

Births, Marriages, and Deaths.

BIRTHS.

On the 8th inst., at Nottingham, the wife of E. H. Lineker, Esq., M.R.C.S., of a daughter.

On the 9th inst., at Wellfield House, Wingate, Durham, the wife of John Morison, M.D., of a son.

MARRIAGE.

On the 4th inst., at Rippingale, Reuben Whitchurch, M.D., of Melton Mowbray, to Sarah, daughter of the late Henry Bromley, Esq., M.R.C.S., of Rippingale.

DEATHS.

At Godmanchester, Charles John Woods, Esq., F.R.C.S., aged 53.

On the 5th inst., at Woolwich, aged 55, C. Dempsy, Esq. Inspector-General of Hospitals.

On the 5th inst., at Holles-street, Cavendish-square, William Harwood, M.D., of Ridware, Staffordshire.

On the 8th inst., at Ventnor, Isle of Wight, Wm. Thomas Holme Burrow, Esq., M.R.C.S., of Settle, Yorkshire, aged 34.

MEDICAL DIARY OF THE WEEK.

MONDAY, Oct. 15	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. B. W. Richardson, "On the Physiological and Therapeutical Properties of Peroxide of Hydrogen."
TUESDAY, Oct. 16	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. UNIVERSITY COLLEGE (Faculty of Arts and Laws.)—3 P.M. Introductory Lecture by Prof. Beesly, A.M., "On the Relation of History to Political Science." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, Oct. 17	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. HUNTERIAN SOCIETY.—8 P.M.
THURSDAY, Oct. 18	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. HARVEIAN SOCIETY.—9 P.M. Introductory Address by the President.
FRIDAY, Oct. 19	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, Oct. 20	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

GUILDFORD DISPENSARY.

THE proceedings at a late meeting at this Dispensary illustrate in a marked manner the injustice to which the medical officers to our charitable institutions are occasionally subjected, and exemplify still further the motives which actuate certain governors in their support of medical charities. The entire system of gratuitous medical relief to persons not paupers, and yet unable to pay for attendance in a time of sickness, requires modification. It appears that at the Guildford Dispensary a sub-committee of governors was appointed to draw up some regulations respecting the class of persons to be admitted to the benefits of the charity. The committee recommended that domestic servants receiving an annual salary of £10 and upwards, and men earning £1 a week, were not fit subjects for relief. This resolution met with the approval of the medical staff. At the late special meeting an amendment was carried, in opposition to most of the medical officers, to the following effect:—

"Domestic servants, having letters of recommendation from subscribers, are not excluded from the benefits of the Dispensary as ordinary patients entitled to receive medical and surgical relief at the Dispensary house, but shall not be entitled to be visited by the medical officers at their employers' houses."

This was, we believe, properly objected to by the medical officers on what we consider very sufficient grounds, the chief of which was that governors would subscribe to the charity merely for the purpose of getting their servants attended to gratuitously—an object which never could have been contemplated by the founders of the institution. Mr. Harry Cox, a wholesale druggist from London, made the offensive remark that the medical officers objected to the admission of domestic servants into the charity, because they calculated getting a footing into families by attending them at their own homes. This unworthy slur upon the profession, strangely enough, passed without comment. But what we have chiefly to complain of is the fact that the honorary medical officers of the institution, who devote their time and skill, and are therefore immeasurably the largest contributors to the funds of the institution, are not allowed to speak at the meeting, unless they are subscribers of money to the charity. The medical officers, too, who up to the present time had been *ex-officio* members of the committee, have been deprived of this privilege, and rendered ineligible for the office unless they make an annual contribution of two guineas. We regret to find that the members of the profession in Guildford are not sufficiently united amongst themselves to successfully resist such an act of injustice to the profession. One of the surgeons to the Dispensary has, we understand, with commendable spirit, resigned his office. Why do not the others follow this wholesome example? If they have not, however, the *esprit de corps* to protect their profession from insult and injury, we have nothing to say to them; but we do say that the services rendered by honorary medical officers to our public charities will never be properly appreciated by lay subscribers so long as the profession are disunited. It is their interest as well as their duty to show that their services, often arduous and laborious, are out of all comparison of more solid importance to the charity than the mere annual subscription of a couple of guineas. So long as the value of these services is ignored, medical practitioners must necessarily be excluded from their just influence in the government of charitable institutions. The public interests demand that the services rendered in the cause of charity on the part of the profession should be duly acknowledged. Take away these services, and the institution ceases to exist. Where they are duly acknowledged, however, medical gentlemen are not subjected to the insolence and vagaries of a knot of subscribers, who dispense their charity at a small cost, to the detriment of a noble class of men, who devote their best energies of time and skill to the relief of suffering humanity.

St. Bartholomew should make inquiries of some experienced practitioner on the subject.

APHTHOUS STOMATITIS.

To the Editor of THE LANCET.

SIR,—If any of your readers can kindly suggest anything for a case of the above disease, I should be greatly obliged.

A female, aged forty-five, married, has had ulceration on the inside of each cheek for the last two years. It began with aphthous spots, which became detached, and left superficial ulceration, just opposite the last molar teeth, over an extent of the size of half-a-crown, occasionally nearly healing up, then aphthæ and ulceration re-appear. There is no history of syphilis. She had a scaly eruption eighteen months ago, which got well under arsenic. She has had two teeth extracted on each side. There has been no sore-throat; the gums are slightly tender, vascular, and spongy. The general health, which was much below par, has improved under quinine and iron. She has also taken, without effect, chlorate of potash, sarsaparilla, iodides, arsenic, acids, alkalies, and mercury; the latter seemed to increase the ulceration. The local remedies have been bichloride of mercury, chlorate of potash, borax, glycerine, sulphate of copper, and nitrate of silver, solid and in solution.—Yours, &c.,

October, 1860. IGNORAMUS.

Our Correspondent in Paris requests us to state that he must decline answering letters from persons, strangers to him, applying for information. Any question addressed through us, however, he will answer at once, and if necessary privately; but he cannot be expected to stand perpetually as a signpost for "hotels."

A Constant Reader, (Leamington.)—The qualification would not be sufficient, unless the commission was dated previous to 1st day of August, 1826.

A Victim is requested to send us his name and address in strict confidence. He will then receive a private note.

Mr. William Parkin.—It is not our custom to insert such communications, unless sent to us in the first instance.

Dr. G. Cameron, (Liverpool.)—We shall be happy to publish a statement of the medical history of the case, with such remarks as may be necessary to elucidate all the facts in connexion with it. If the depositions be forwarded to us, we cannot undertake to publish them; but they may assist us in drawing more correct conclusions on the subject. As there are many calls at the present time upon our columns, we trust that the communication may be as brief as is consistent with clearness.

Mr. Sedgwick will oblige by forwarding the cases. Attention shall be paid to the request contained in his letter.

M.R.C.S. and L.A.C.—No announcement has yet been made to lead to a contrary opinion.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Having observed in your impression of last week a remark calculated to injure my professional position, I beg the insertion of the following explanation of the case:—

In order to remove the false impressions conveyed to you by "A Barnsley Subscriber" (unintentionally I hope) of my breach of professional etiquette, by the issue of a circular, I consider a word of explanation necessary, not only in justice to myself, but also for the honour of the profession generally. During May last I was seriously ill, and, finding that my convalescence would be slow, I obtained the assistance of the gentleman named in the circular, which was issued *to my own patients*, and *to them alone*, by way of introduction to him, and also to remove an impression amongst my patients that my recovery was hopeless, and even in some quarters that I was dead. Knowing that the circular was meant for the eyes of my own patients alone, I considered it quite superfluous to say a word about my illness, as that was already well known.

Having now laid before you a plain statement of the facts of the case, you will be better able to judge as to the propriety of my conduct. These facts must be well known to your "Barnsley Subscriber," and his omission to give them along with the circular sent you gives me the impression that he has "flagrantly violated" the very principles of etiquette he professes to uphold.

I am, Sir, yours, &c.,

Barnsley, October, 1860. THOS. AYRES.

A Manchester Assistant.—1. We must refer our correspondent to the number of THE LANCET for September 29th for an answer to this question.—3. The preliminary examination is now compulsory upon all candidates.

A Constant Reader, (Sydenham.)—We have not sufficient space. Dr. Day, St. Andrews, would, no doubt, supply our correspondent with a copy of the examination papers.

In the letter signed *Magna Charta*, the facts are so indistinctly described that it is impossible to arrive at a satisfactory opinion on the matter. We think, however, that it is not a case for "the law."

G. H. W.—We think that the apprenticeship in question will be sufficient.

A Member of the New Sydenham Society.—The recent issue of two volumes by the Council renders the publication of the letter unnecessary.

COMPARATIVE FREQUENCY OF GENERAL PARALYSIS IN THE SEXES.

To the Editor of THE LANCET.

SIR,—In the "Parisian Medical Intelligence" from your special correspondent (*vide* THE LANCET of last week), there are some observations of M. Baillarger ("one of our celebrated 'alienists,' as the mad doctors style themselves") on General Paralysis. The facts are given in a manner which implies that M. Baillarger was the first "to ascertain that general paralysis is met with in the males of all classes of society with an equal frequency, *whereas the females of the higher walks of life enjoy a comparative immunity* from this form of insanity." This fact has been known and taught by the physicians ("mad doctors," as your correspondent politely calls them) of this country for many years. Seventeen years ago Dr. Conolly mentioned the fact in his Clinical Lectures, and subsequently repeated it in his Croonian Lectures, delivered at the Royal College of Physicians, London, in 1849. Few English "mad doctors" will regard hypochondriacal melancholy as a *reliable* symptom precursory of general paralysis. This subject has been closely studied in England by a class of men who deserve a more courteous title than the one bestowed upon them, parenthetically, by your special correspondent.—Yours truly,

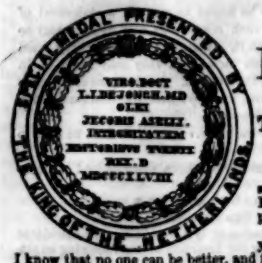
Mickleover, near Derby, Oct. 1860. JOHN HITCHMAN, M.D.

A Singular Handbill.—A correspondent draws our attention to the following. Such announcements are not calculated to raise the profession in the eyes of the public, and, what is more important to those who circulate them, they are seldom of any benefit to the advertiser:—

"Medical and surgical advice gratis. Mr. May, Surgeon-Accoucheur, 37, Hinde-street, Scotswood-road, (close to the Toll-bar,) may be consulted on all medical or surgical cases before ten o'clock in the morning, or after six in the evening. Charges for medicines at his surgery, 1s.; ditto, and visit to patient's residence, 1s. 6d. Mr. May, having devoted many years to the practice of midwifery and the diseases incidental to women and children, offers his advice gratis at the above hours. Vaccination free every Wednesday afternoon from three to four. Teeth carefully extracted. Deafness and diseases of the ear receive especial attention."

WE are compelled to postpone our report of the proceedings of the Medical Society of London and other articles of interest until next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Whitcomb; Mr. Buttridge; Dr. Cameron; Dr. Richardson, Harbottle; Mr. Hancock; Mr. Chas. Thomson; Mr. Thos. Ayres, Barnsley; Mr. L. Ash, Holsworthy; Mr. J. F. Pearce, (with enclosure;) Mr. W. Hall, Stonewell; Mr. G. H. Phillipson, Cambridge; Mr. F. H. Woods, Godmanchester; Mr. H. M. Champneys, Slough; Mr. W. T. Edwards, Cardiff; Mr. J. Y. Greenway, Stroud, (with enclosure;) Dr. Stephen H. Ward; Mr. B. Cawthorne, Bolton, (with enclosure;) Mr. Puddicombe, Moreton, (with enclosure;) Mr. H. J. Foulds, (with enclosure;) Mr. J. R. Nicholson; Mr. Nason, Stratford-on-Avon; Dr. Macleod, Glasgow; Mr. J. C. Bramwell, Bromley; Dr. Wood, Gloucester; Mr. W. G. Carter; Mr. J. M. Davis, Liverpool; Mr. G. Parkinson; Mr. Henry Thompson; Dr. J. Nicholls; Dr. J. Hitchman; Dr. Bell, (with enclosure;) Mr. Reilly, (with enclosure;) Dr. Newman, (with enclosure;) Mr. Ransom, (with enclosure;) Mr. Sharpe, Hull, (with enclosure;) Mr. Lomas; Mr. Johnson, Shiffnal, (with enclosure;) Mr. Irch, (with enclosure;) Mr. C. T. Eves, Aurungabad; &c. &c.



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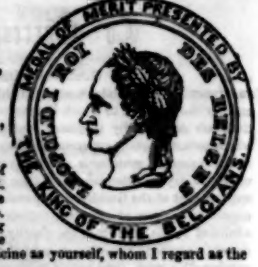

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

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Morphiæ Tannas c. Glycerinâ—

a proposed substitute for Ung. Gallæ Co. The supposed advantages of this preparation are—being in solution, a greater certainty of its action; from its adherent quality, the probability of its remaining longer in contact with the parts; almost colourless, it leaves no unsightly stain upon the linen; and being soluble in water, it is easily washed off when required.

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"JUST IMPORTED DIRECT."

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and LIGHT-BROWN COD-LIVER OIL.—These Oils are of the finest qualities, the Fish this season having been in finer condition than for some previous seasons. The Pale Newfoundland Oil in one gallon, bottle and basket included, 11s.; and the Light-Brown, bottle and basket included, 7s. 6d. per gallon.—Post-office Orders to be made payable to THOMAS KEATING, 79, St. Paul's-churchyard, London.

Antimargaric Cod-liver Oil, Pure

and Tasteless, sold by H. ELDREDGE, Wholesale Agent, for Messrs. WM. & EBENR. ROTTON, at their Depôt, 85, Pentonville-road, London, and by most respectable Chemists throughout the kingdom.

This Oil, extracted by W. and E. ROTTON, possesses all the medicinal properties essential in cases of Consumption, Diseases of the Chest, Infantile Wasting, general Weakness, &c., and for many ills the human frame is heir to, there is not its equal. In order to prove its superiority over every other, it has been subjected to the most scientific Analysis, as proved by Testimonials received from the following well-known Physicians: WM. HERAPATH, F.C.S. of Bristol; JOHN POSTGATE, M.D.; Dr. BELL FLETCHER, M.D.; D. W. CROMPTON, M.D.; WM. SANDS COX, Senior Surgeon of the Queen's Hospital, Birmingham; and many others of equal eminence.

Dr. SEPTIMUS GIBBON, A.B. & M.D., Medical Officer of Health, late Professor of Natural Philosophy at St. Bartholomew's Hospital, Physician to the London Hospital, &c. &c., of No. 3, Finsbury-square, London, E.C., whose recent investigation under Government brought to light such an alarming extent of adulteration in articles of diet, writing expressly upon Messrs. W. & E. ROTTON'S Antimargaric Cod-liver Oil, uses the following expressions:—

"I have carefully examined some bottles of Messrs. W. ROTTON & SON'S Cod-liver Oil, and find them to be excellent samples of pure Oil. Besides answering admirably to the usual tests, it is free from the noxious and nauseous principles, Margaric Acid, &c., which so commonly render Cod-liver Oil not only unpalatable, but indigestible and injurious to the human stomach. By their mode of extracting and preparing this admirable remedy, I feel satisfied they have overcome the main obstacle to its more frequent and general use in medical practice."

The Antimargaric Oil is sold in pint bottles at 2s. 6d.; half-pint, 1s. 3d.; quarter-pints, 8d. Where a difficulty is found in obtaining it, write direct to the Depôt, when a case will be forwarded for the amount of 5s. or 10s. carriage free.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most effectious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. *New* Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

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ou unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following:—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with the PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated, Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

The great hindrance to the more extensive satisfactory treatment of disease by means of this agent has been the difficulty of obtaining Acidulated Pepsine in a pure state, and administering it in an agreeable form, without destroying its wonderful properties.

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In the report of the Committee, composed of Messrs. Longet, Londe, and Bouchardat, appointed by the Imperial Academy of Medicine of Paris to examine the merits of Mr. Hogg's Preparations, it is stated, "that Pepsine combined with Iron or its Proto-Iodide modifies by its digestive powers the irritating qualities which have so often prevented Physicians prescribing these medicines for delicate and nervous temperaments before the introduction of these valuable Preparations of Mr. Hogg."

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